

for the second

88(2) Return of Allotment of Shares

Please complete in typescript, or

in bold black capitals. CHWP000			
Company Number	4992207		
Company name in full	GROUP 4 SECURICOR PLC		
Shares allotted (including be	onus shares):		
	From	То	
Date or period during which	Day Month Year	Day Month Year	
shares were allotted (If shares were allotted on one date enter that date in the "from" box)	1,20,12,0,0,6	3	
Class of shares (ordinary or preference etc)	ORDINARY		
Number allotted	866		
Nominal value of each share	£0.25		
Amount (if any) paid or due on ea share (including any share premium)	ach 104p		
List the names and addresses of	the allottees and the number of shares	allotted to each overleaf	
If the allotted shares are full	ly or partly paid up otherwise tha	an in cash please state:	
% that each share is to be treated as paid up			
	,		
Consideration for which			
the shares were allotted (This information must be supported by	,		
the duly stamped contract or by the duly stamped particulars on Form 88(3) if the	/y		
contract is not in writing)			

When you have completed and signed the form send it to the Registrar of Companies at:

COMPANIES HOUSE

19/01/2006

Companies House, Crown Way, Cardiff CF14 3UZ

DX 33050 Cardiff

For companies registered in England and Wales

DX 235 Edinburgh

Companies House, 37 Castle Terrace, Edinburgh EH1 2EB For companies registered in Scotland

Names and addresses of the allottees (List joint share allotments consecutively)

Shareholder details		Shares and share	Shares and share class allotted	
Name MR PAUL GRIFFITHS		Class of shares allotted	Number allotted	
Address 62 CWRT COED PARC		ORDINARY	866	
MAESTEG, MID GLAMORGAN				
UK Po	stcode CF349D	Q		
Vame		Class of shares allotted	Number allotted	
Address				
			<u> </u>	
UK Po	stcode			
Name		Class of shares allotted	Number allotted	
Address			1	
UK Po	stcode			
Name		Class of shares allotted	Number allotted	
Address				
UK Po	stcode	_		
lame		Class of shares allotted	Number allotted	
Address				
			<u> </u>	
UK Po	stcode			
Please enter the number of continua	ition sheets (if any) attached	to this form		
gned				
A director / secretary /-administrator/ adm	ninistrative receiver / resciver-martag		delete as appropriate	
ease give the name, address, lephone number and, if available,				
DX number and Exchange of the erson Companies House should				
ontact if there is any query.		Tel		
	DX number	DX exchange		