

88(2)
Return of Allotment of Shares

To

Please complete in typescript, or in bold black capitals. CHWP000

Company Number

4992207

From

Company name in full

	J
GROUP 4 SECURICOR PLC	

## Shares allotted (including bonus shares):

Date or period during which shares were allotted (If shares were allotted on one date enter that date in the "from" box)

Day	Month	Year	Day	Month	Year
2   3	1   2	2   0   0   5			

Class of shares (ordinary or preference etc)

Number allotted

Nominal value of each share

Amount (if any) paid or due on each share (including any share premium)

ORDINARY	
2586	
£0.25	
64p	

List the names and addresses of the allottees and the number of shares allotted to each overleaf

If the allotted shares are fully or partly paid up otherwise than 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 contract is not in writing)

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

#AURLOBT9\* 140

#AURLOBTY# 140 COMPANIES HOUSE 05/01/2006 Companies House, Crown Way, Cardiff CF14 3UZ For companies registered in England and Wales

DX 33050 Cardiff

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

Б Edi

Edinburgh

DX 235

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

Shareholder details		Shares and share class allotted		
Name MR LEONARD SKERMAN		Class of shares allotted	Number allotted	
Address 2 BRIDGER WAY, CROWBOROUGH,		ORDINARY	2,586	
EAST SUSSEX				
UK Po	ostcode T N 6 2 X E	L		
Name		Class of shares allotted	Number allotted	
Address		-		
UK Po	ostcode			
Name		Class of shares allotted	Number allotted	
Address		-		
		_		
UK Po	ostcode			
Name		Class of shares allotted	Number allotted	
Address		-		
L		_		
UK Pe	ostcode	L		
Name		Class of shares allotted	Number allotted	
Address		-		
		_		
UK Po	ostcode	L		
Please enter the number of continu	ation sheets (if any) attached to this	form		
signed	D:	ate 3.1.06		
	ministrativa receiver / receiver manager / rec		delete as appropriate	
Please give the name, address, elephone 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		