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Please do not write in this margin
Please complete legibly, preferably in black type, or bold block lettering

* insert full name of company

^ distinguish between ordinary preference, etc.

complete (a) or (b) as appropriate

COMPANIES FORM No. 98(2) (Revised 1989)
DEPARTMENT OF ENTERPRISE
TRADE AND INVESTMENT

Return of allotments of shares

27 JUL 2009

Pursuant to Article 98(2)(a) of the Companies (Northern Ireland) Order 1986

To the Registrar of Companies (see note 1)

POST RECEIVED
COMPANIES REGISTRY

98(2)

(Revised 1989)
This form replaces
forms PUC2, PUC3
and 98(2)

Company Number

NI 39722

1. Name of company

* INTEGRATED SERVICES DESIGN LIMITED

2. This section must be completed for all allotments

Description of shares^			
A Number allotted	ORDINARY		
B Nominal value of each	5		
C Total amount (if any) paid or due and payable on each share (including premium if any)	£ 1-00	£	£
	£ 10,000	£	£

Date(s) on which the shares were allotted

(a) [on 31/07/08] #, or

(b) [from _____ to _____] #

The names and addresses of the allottees and the number of shares allotted to each should be given overleaf

3. If the allotment is wholly or partly other than for cash the following information must be given (see notes 2 & 3)

D Extent to which each share is to be treated as paid up. Please use percentage	100%		
E Consideration for which the shares were allotted	CASH		

NOTES

1. This form should be delivered to the registrar of companies within one month of the (first) date of allotment
2. If the allotment is wholly or partly other than for cash, the company must deliver to the registrar a return containing the information at D & E. The company may deliver this information by completing D & E and the delivery of the information must be accompanied by the duly stamped contract required by Article 98(2)(b) of the Companies (Northern Ireland) Order 1986 or by duly stamped prescribed particulars required by Article 98(3) of that Order (Form No. 98(3)).
3. Details of bonus issues should be included only in section 2.

Presentor's name, address,
telephone number and reference (if
any)

For official Use

Document Checking Section

Please do not
write in the
margin

Please complete legibly, preferably in black type, or bold block lettering

1. *State* _____

* delete as appropriate

**Companies Registry
Waterfront Plaza
8 Laganbank Road
BELFAST
BT1 3BS
Tel: 0845 604 88 88**