

Return of Allotment of Shares

Please complete in typescript, or in bold black capitals. CHFP000

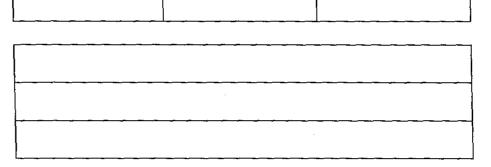
Company Number

- 2	9	9	18:	6 2
-	_	•	/ 🗷 🥫	3

Company name in full	D.C.A. ACCOUNTAINEY		LIHITED		
Shares allotted (including bonus	s shares):				
	From		То		
Date or period during which shares were allotted (If shares were allotted on one date enter that date in the "from" box)		 -	ay Month Year 8012004		
Class of shares (ordinary or preference etc)	ORDINARY				
Number allotted	0~5				
Nominal value of each share	ŁI				
Amount (if any) paid or due on each share (including any share premium)	£1				
List the names and addresses of the	allottees and the number of	shares allotted to	o each overleaf		
If the allotted shares are fully o	r partly paid up otherwi	se than in cas	h please state:		
% that each share is to be		<u> </u>			

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)

treated as paid up



12/01/04 COMPANIES HOUSE

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

Companies House, Crown Way, Cardiff CF14 3UZ For companies registered in England and Wales

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

DX 235 Edinburgh

DX 33050 Cardiff

Shareholder details	Shares and share	class allott
Name DAVID HAYTON. CLARKE	Class of shares allotted	Number allotted
Address 5. BELENS CLOSE WICKFORD	DRDINARY	1
ESSEX	£1	
UK Postcode ととして & Tと		<u> </u>
Name	Class of shares allotted	Number allotted
Address	-	william
	_	L
<u> </u>	_	t
UK Postcode L L L L L L		<u> </u>
Name .	Class of shares allotted	Number allotted
Address	-	
<u> </u>	_	L
<u> </u>		L
UK Postcode		
Name	Class of shares allotted	Number allotted
Address	-	
	_	L
		l
UK Postcode LLLLL	<u> </u>	
Name .	Class of shares allotted	Number allotted
Address	-	
<u> </u>		L
<u></u>	_	t
UK Postcode L L L L L L		
Please enter the number of continuation sheets (if any) attached to this	form	
igned <u>+ 54005</u> + Da	ate 8.1.2004	
A director / secretary / administrator / administrative receiver / receiver manager / receiver		elete as appropria

Please give the name, address, telephone number and, if available, a DX number and Exchange of the person Companies House should contact if there is any query.

D.C.A. ACCOUNTANCY LIMITED							
5. BERE	ns ce	086,	MIC	KFORD			
	3 1122				47535		
DX number		DX ex	change				