PLEASE COMPLETE IN TYPESCRIPT OR IN **BOLD BLACK CAPITALS**

Return of Allotment of Shares

CHFPO83			
Company Number	141976		
Company name in full	McKechnie Plc		
Shares allotted (including bonus	s shares):		
Date or period during which shares were allotted (If shares were allotted on one date enter that date in the "from" box.)	From To Day Month Year Day Month Year		
Class of shares (ordinary or preference etc) Number allotted	Ordinary 1711		
Nominal value of each share	25p		
Amount (if any) paid or due on each share (including any share premium)	391p		
List the names and addresses of th	ne 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:		

A18
COMPANIES HOUSE 05/10/00

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

DX235 **Edinburgh**

DX 33050 Cardiff

Shareholder details			Shares and share class allotted	
Name	Leighswood Trustee Co	mpany Limited	Class of shares allotted	Number allotted
Address	Leighswood Road		Ordinary	1,71
ı	Aldridge	,		i
	Walsall West Midlands UK Pos	stcode W S 9 8 D S		
Name 			Class of shares allotted	Number allotted
Address				
			<u> </u>	
	UK Posi	tcode		l
Name			Class of shares allotted	Number allotted
Address			anotted	anotted
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Name	UK FOSI	tcode	Class of shares	Number
lAddress			ailotted	allotted
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Nama	UK Pos	stcode	Class of shares	Number
Name L			allotted	aliotted
Address			1	
<u> </u>			Total 4 744	
	UK Pos	tcode L L L L L L	Total 1,711	
Pleas	se enter the number of contin	nuation sheet(s) (if any) attached to this	form :	
ned	secretary / ad ministrat or / ad ministr	Da rative receiver / receiver manager / receiver	te 4 10 00 Please delet	e as appropriate
ase divo	the name, address			
phone n	the name, address, umber and, if available, er and Exchange of the			
son Com	panies House should ere is any query.			
iaci ii ur	ere is arry query.	3/SS/H BURTENSHAW/A8	Tel 01903 833405	