

Return of Allotment of Shares

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

Company Number

2519243

Company name in	n f	ull
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ABSOLUTE	BUSINESS	CENTRE	LIMITED.	

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 Day Month Year 1 2 0 8 2 0 0 8	To Day Month Year
Class of shares (ordinary or preference etc)	ORDINARY	
Number allotted	700	
Nominal value of each share	RI	
Amount (if any) paid or due on each share (including any share premium)	£14-29	
List the names and addresses of the allo	ttees and the number of shares a	nllotted to each overleaf
If the allotted shares are fully or p	artly paid up otherwise thar	n 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 a	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

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

Shareholder details		Shares and share	Shares and share class allotted		
Name \mathcal{D} , \mathcal{D} \mathcal{A} \mathcal{Y}		Class of shares allotted	Number allotted		
Address 11 THE OAKLANDS		ONDINORY	, Tes		
	Company				
	ostcode <u>LoL338Rf</u>				
Name		Class of shares allotted	Number allotted		
Address		_			
	<u></u>	_			
)' UK P	ostcode				
Name		Class of shares allotted	Number allotted		
Address					
L		_	L		
UK P	ostcode				
Name		Class of shares allotted	Number allotted		
Address		_			
L		_	<u> </u>		
UK P	ostcode		L		
Name		Class of shares allotted	Number allotted		
Address					
UK P	ostcode / L L L L L L				
Please enter the number of continu	nation sheets (if any) attached to this	s form			
Signed	<u>// </u>	Date12 ~ 08	.		
A director / secretary / administrator / ad	ministrative receiver / receiver manager / rec	cerver Please o	lelete as appropriate		
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		Tel			
	DY number	DV ovehange			