

## 88(2) Return of Allotment of Shares

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

Company Number	2841970					
Company name in full	Bostock Marketing Group Limited					
Shares allotted (including bonus shares):						
Date or period during which shares were allotted (If sheres were allotted on one date enter that date in the "from" box)	Day Month 0   2   0   6					
Class of shares (ordinary or preference etc)	Ordinary					
Number allotted	2500	338				
Nominal value of each share	£1	£1				
Amount (if any) paid or due on each share (including any share premium)	£2	£4				
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:



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

DX 235 Edinburgh

Form Revised January 2000

Shareholder details	Shares and share	Shares and share class allotted		
Name W.A.Vickers	Class of shares allotted	Number allotted		
Address 61 Little Sutton Lane,	Ordinary	2838		
Sutton Coldfield, West Midlands				
UK Postcode B 7 5 6	5.5 L			
Name	Class of shares	Number		
Address	allotted	allotted		
<u> </u>				
UK Postcode	L	L		
Name	Class of shares allotted	Number allotted		
Address				
		<u> </u>		
UK Postcode LLLL				
Name	Class of shares allotted	Number allotted		
Address				
		<u> </u>		
UK Postcode				
Name	Class of shares allotted	Number allotted		
Address				
		<u> </u>		
UK Postcode				
Please enter the number of continuation sheets (if any) attach	ned to this form			
Signed	Date			
A director / sperotory / administrator / administrative receiver / receiver me	enager / receiver Please	delete as appropriate		
Please give the name, address, telephone number and, if available,				
a DX number and Exchange of the				
contact if there is any query.	ASTON SCHENCE PARK TO OIL 333 GOOD			
DX number	DX exchange			