

Return of Allotment of Shares

Please complete in typescript, or in bold black capitals.

CHWP000 Company Number	2920061	0061		
Company name in full	IMAGINATION TECHNOLOGIES GR	ROUP PLC		
Shares allotted (including bor	nus 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 2 6 0 6 2 0 0 6	To Day Month Year		
Class of shares (ordinary or preference etc)	ORDINARY			
Number allotted	10000			
Nominal value of each share	£0.10			
Amount (if any) paid or due on each share (including any share premium)	h 34.5p			
List the names and addresses of th	e allottees and the number of shares allott	ed 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 Registrar of Companies at:

Com

This for.



panies House, Crown Way, Cardiff CF14 3UZ ompanies registered in England and Wales

panies House, 37 Castle Terrace, Edinburgh EH1 2EB

DX 235 Edinburgh

DX 33050 Cardiff

For companies registered in Scotland

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

Shareholder details		Shares and share	Shares and share class allotted	
Name PAUL BURGESS		Class of shares allotted	Number allotted	
Address _ 15 SHRUBLANDS, SAFFRON WALDEN	l,	ORDINARY	10,000	
ESSEX		_		
UK Pos	tcode CB102EH		L	
Name		Class of shares allotted	Number allotted	
Address		_		
L		_	L	
UK Pos	tcode		<u> </u>	
Name		Class of shares allotted	Number allotted	
Address				
L		_		
UK Pos	tcode		L	
Name		Class of shares allotted	Number allotted	
Address		_		
		_	Ł	
UK Pos	tcode		L	
Name		Class of shares allotted	Number allotted	
Address		_		
			1	
UK Pos	tcode	_		
Please enter the number of continuati	ion sheets (if any) attached to this	form		
signed Johnson Jeu	ully o	ate 27-07	-W	
A direct or / secretary / administrator / admir	nstrative receiv <mark>er / receiv</mark> er manag er / rec	eiver Please	delete 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		
	DX number	DX exchange		