

Return of Allotment of Shares

Please complete in typescript, or in bold black capitals.

CHWP000			
Company Number	2942658		
Company name in full	JOHN F. HUNT HIRE CENTRES LIMITED		
Shares allotted (including bo	nus snares):		
	From To		
Date or period during which shares were allotted	Day Month Year Day Month Year		
(If shares were allotted on one date enter that date in the "from" box)	2 4 0 5 2 0 0 2		
Class of shares (ordinary or preference etc)	ORDINARY		
Number allotted	606		
Nominal value of each share	£1		
Amount (if any) paid or due on ea	ach £1		
List the names and addresses of	the allottees and the number of shares allotted to each overleaf		
If the allotted shares are full	y 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)	y		

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

COMPANIES HOUSE

Form Revised January 2000

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

DX 235 Edinburgh

For companies registered in Scotland

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

Shareholder det	Shares and share class allotted		
Name M.LAVERY		Class of shares allotted	Number allotted
Address , 404 WOODGRANGE DRIVE		ORDINARY	200
THORPE BAY, ESSEX			
UK Posto	ode SS1 3DZ		L
Name K.A.SCOTT		Class of shares allotted	Number allotted
Address 44 JERSEY ROAD		ORDINARY	406
RAINHAM, ESSEX		_	
L	code R N 1 3 7 D T	_ L	L
Name		Class of shares allotted	Number allotted
Address		-	
		_	
UK Post	code		
Name		Class of shares	Number
<u> </u>	<u> </u>	allotted	allotted
Address			
L		_	
l,			_
UK Pos	tcode		
Name		Class of shares allotted	Number allotted
Address			
L			_
		_	_
UK Pos	tcode LLLLLL		_
Please enter the number of continual	ion sheets (if any) attached to th	is form	
Signed JΠ		Date 29.5.0	،ح
A director / secretary / administrator / adm	inistrative receiver / receiver manager / r	eceiver Pleas	e delete 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.		Tel	
	DX number	DX exchange	