

for the record

Return of Allotment of Shares

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

Company Number

3	906	40	ţ	
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Company name in full

PHOTOBOX	LIMITED	 	
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Shares allotted (including bonus s	shares):	
	From	То
Date or period during which shares were allotted (If shares were allotted on one date enter that date in the "from" box)	Day Month Year	Day Month Year
Class of shares (ordinary or preference etc)	ORDINARY	
Number allotted	40,000	
Nominal value of each share	60.30	
Amount (if any) paid or due on each share (including any share premium)	£0.30	
List the names and addresses of the allo	ttees and the number of shares allo	tted to each overleaf
If the allotted shares are fully or p	artly paid up otherwise than in	ı cash please state:
% that each share is to be treated as paid up	1	
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)		



A46 COMPANIES HOUSE

25/03/03

A10 COMPANIES HOUSE

70 0822 14/03/03

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

DX 235

Companies House, 37 Castle Terrace, Edinburgh EH1 2EB For companies registered in Scotland Edinburgh

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

Shareholder details	Shares and share class allotted		
Name COLIN GLASS	Class of shares allotted	Number allotted	
Address LITTLE COPPICE, PIJEJOOD RD	OPANANY	40,000	
IVEK MEATH, BUCKS	_		
UK Postcode ミヒロ ロムゴ		<u> </u>	
Name	Class of shares allotted	Number allotted	
Address	-		
		L	
UK Postcode	L	<u> </u>	
Name	Class of shares allotted	Number allotted	
Address			
	_		
UK Postcode		<u> </u>	
Name	Class of shares allotted	Number allotted	
Address	-		
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UK Postcode L L L L L		L	
Name	Class of shares allotted	Number allotted	
Address	-		
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UK Postcode こここここ			
Please enter the number of continuation sheets (if any) attached to this	form		
Signed Adirector Secretary / administrator / administrative receiver manager / receiver m	ate 3 20	lelete as appropriate	
	Fiedse u		
Please give the name, address, telephone number and, if available, a DX number and Exchange of the	2-3 PAPER Pu	7 M_	
telephone number and, if available, a DX number and Exchange of the person Companies House should contact if there is any query.	204 Tel 07 - 0	1	

DX number

DX exchange