

## 88(2) Return of Allotment of Shares

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

**Company Number** 

Company name in full

4077	213		

WAYFARERS	HOLDING	Co	LIMITED		 ·

## Shares allotted (including bonus shares):

Date or period during which shares were allotted (If shares were allotted on one date enter that date in the "from" box)

Class of shares (ordinary or preference etc)

Number allotted

Nominal value of each share

Amount (if any) paid or due on each share (including any share premium)

ORDINARY			
4000			
£1			-
SEE BELOW			

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

100 %

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)

100 SHARES IN	GROUPLINE	LIMITED (BEING	
100% OF THE	USUED SHAR	LE CAPITAL OF	
THE COMPANY)			
WAYFARERS HOL	DING CO	LIMITED.	

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

\*ASSESEZL\*

COMPANIES HOUSE

0256 10/09/02

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

DX 235 Edinburgh

Form revised January 2000

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

Shareholder details	Shares and share class		
Name Judy Allpress	Class of shares allotted	Number allotted	
Address			
140 CONNECTION STREET	ORDINARY £1	4000	
NEWPORT RHODE ISLAND 02840	_   [	Ĺ	
UK Postcode		<u> </u>	
Name	Class of shares allotted	Number allotted	
Address			
	_	L	
UK Postcode L L L L L		<u> </u>	
Name	Class of shares allotted	Number allotted	
Address			
	_	L	
UK Postcode	<u> </u>	L	
Name	Class of shares allotted	Number allotted	
Address	_	L	
<u></u>	_	L	
UK Postcode		L	
Name	Class of shares allotted	Number allotted	
Address			
<u> </u>		L	
UK Postcode		L	
Please enter the number of continuation sheets (if any) attached to this	s form	02	
A director / secretary / addinistrator / administrative receiver / receiver manager / rec		elete as appropr	
lease give the name, address.			

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.

CLARKSON	HUDE				
HTH FLOOR 315 OXFOR	ed states				
LONDON	WIC 245	Tel	020	7022	<i>0</i> 050
DX number	DX excl	nange			