

Return of Allotment of Shares

Please complete in typescript, or
in bold black capitals.

CHFP036

Company Number

04501167

Company name in full

MIKE ROBERTSON ASSOCIATES 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)

From

To

Day Month Year

Day Month Year

01 10 2005

Class of shares

(ordinary or preference etc)

ORDINARY
A

Number allotted

63

Nominal value of each share

£1

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

NIL

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)

NIL

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



A31
COMPANIES HOUSE

178
11/10/2006

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

Shareholder details		Shares and share class allotted	
Name <u>KEITH ROBERTSON</u>	Class of shares allotted <u>ORDINARY A</u>	Number allotted <u>63</u>	
Address <u>FAR 3 19 LINDEN ROAD</u>			
<u>BEXHILL ON SEA EAST SUSSEX</u>			
UK Postcode <u>TN60 1DN</u>			
Name	Class of shares allotted	Number allotted	
Address			
UK Postcode			
Name	Class of shares allotted	Number allotted	
Address			
UK Postcode			
Name	Class of shares allotted	Number allotted	
Address			
UK Postcode			
Name	Class of shares allotted	Number allotted	
Address			
UK Postcode			

Please enter the number of continuation sheet (if any) attached to this form

☐

Signed

[Signature]
A director / secretary / administrator / administrative receiver / receiver manager / receiver

Date

1 OCTOBER 2005

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.

<u>WATSON ASSOCIATES</u>	
<u>30-34 NORTH STREET, HAILSHAM, EAST</u>	
<u>SUSSEX BN27 1DW</u>	Tel <u>01323 842119</u>
DX number	DX exchange