

**The London Law Agency Limited**

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**88(2)****Return of Allotment of Shares**

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

**CHFP050****Company Number**

4554814

**Company name in full**

REBECCA STEVENS 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

07-10-2002

07-10-2002

**Class of shares***(ordinary or preference etc)*

Ord

**Number allotted**

99

**Nominal value of each share**

£ 1.00

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

£ 1.00

**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

**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  
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

A43  
COMPANIES HOUSE  
19/10/02

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

Shareholder details	Shares and share class allotted	
<b>REBECCA STEVENS</b> Name 16 NORTH GARDENS Address BRIGHTON BN1 3LB UK Postcode	Class of shares allotted Ord	Number allotted 99
Name Address UK Postcode	Class of shares allotted	Number allotted
Name Address UK Postcode	Class of shares allotted	Number allotted
Name Address UK Postcode	Class of shares allotted	Number allotted

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

Signed

*[Signature]*

Date

23/10/02

A director / secretary / administrator / administrative receiver / receiver manager / receiver

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