

88(2) Return of Allotment of Shares

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

Company Number

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04691768					
PARKCENTRAL	LIMITED	 	 	 	
		 	 	 	

Shares allotted (including bonu	s shares):		
	From		То
Date or period during which shares were allotted	Day Month Y	ear Day N	fonth Year
(If shares were allotted on one date enter that date in the "from" box)	0,10,420	0 3	
Class of shares (ordinary or preference etc)	ORPINARY		
Number allotted	5,000		
Nominal value of each share	£I		
Amount (if any) paid or due on each share (including any share premium)	£ 10		
List the names and addresses of the	allottees and the number of	shares allotted to eacl	overleaf
If the allotted shares are fully of	or partly paid up otherwi	se than in cash ple	ease state:
% that each share is to be treated as paid up	1007.		
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)			<i>:</i>

A08 **AUCUMJUA** 0502
COMPANIES HOUSE 05/04/03

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

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

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Names and addresses	s of	the allottees	(List	ioint share allotments co	nsecutively)
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Shareholder d	Shareholder details		
Name MARK BEVAN		Class of shares allotted	Number allotted
Address	1 . 0 . 10 . 10		.
MEATHLANDS, ILMINGTON R STRATEORP 4PON AVON, W.	OAY, ARMISCOTE	ORDINARY	5,000
		_	
UK Pos	stcode CV378PH		
Name		Class of shares allotted	Number allotted
Address			,
UK Pos	stcode		
Name		Class of shares allotted	Number allotted
Address			
			L
UK Pos	stcode LLLLLL	L	<u> </u>
Name		Class of shares allotted	Number allotted
Address			
<u> </u>		-	L
		- -	<u> </u>
UK Pos	stcode LLLLLLL		<u> </u>
Name		Class of shares allotted	Number allotted
Address			
		_	
UK Pos	stcode		
Please enter the number of continual	tion sheets (if any) attached to this	form	
Signed Signed	Da	ate 1 4 03	
	inistrative receiver / receiver manager / receiver		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	