

**Return of Allotment of Shares**

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

CHFP010

**Company Number**

4693533

**Company Name in full**

MAINLINE PLANT HOLDINGS  
LIMITED

**Shares allotted (including bonus shares):**

Date or period during which shares were allotted <small>(if shares were allotted on one date enter that date in the "from" box)</small>	From			To		
	Day	Month	Year	Day	Month	Year
	0	1	0	6	2	0
Class of shares <small>(ordinary or preference etc)</small>	ORDINARY					
Number allotted	99					
Nominal value of each share	£1					
Amount (if any) paid or due on each share <small>(including any share premium)</small>	£1					

*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

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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** DX 33050 Cardiff  
For companies registered in England and Wales

**Companies House, 37 Castle Terrace, Edinburgh, EH1 2EB**  
For companies registered in Scotland DX 235 Edinburgh



A47  
COMPANIES HOUSE  
\*AFUDTUGB\*  
0456  
21/04/04

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

Shareholder details	Shares and share class allotted	
Name <u>GRAHAM BAYLISS</u>	Class of shares allotted <u>ORDINARY</u>	Number allotted <u>99</u>
Address <u>4 DEREHAM ROAD</u> <u>BARKING</u> <u>ESSEX</u>		
UK postcode <u>1611 9HA</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		

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

Signed

*[Signature]*

Date

01-06-2003

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

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