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Please complete in typescript, or in bold black capitals. **CHFP036**

Company Number

Return of Allotment of Shares

Company name in full	any name in full SRU LIMITED			
Shares allotted (including bon	ius shares):			
	From	То		
Date or period during which shares were allotted	Day Month Year	Day Month Year		
(If shares were allotted on one date enter that date in the "from" box)	2,4072003			
Class of shares (ordinary or preference etc)	OROINARY			
Number allotted	1			
Nominal value of each share	走1			
Amount (if any) paid or due on each share (including any share premium)	h <u></u>			
List the names and addresses of th	ne allottees and the number of shares allo	otted 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	401			
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)	ŁI			
	When you have completed and	signed the form send it to		

4613771

17/09/03 **COMPANIES HOUSE**

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

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

Shareholder details	Shares and share of	lass allotte
Name PETER RICHARD WALLIS	Class of shares allotted	Number allotted
Address 23 MONTAGU SQUARE LONDON	LOROINARY	
UK Postcode WHIIR€.		<u></u>
Name	Class of shares allotted	Number allotted
Address		1
		<u> </u>
UK Postcode	<u> </u>	
Name L	Class of shares allotted	Number allotted
Address		L
	L	L
UK Postcode L	<u> </u>	<u> </u>
Name	Class of shares allotted	Number allotted
Address		L
LII/ Dagtooda		
UK Postcode	Class of shares	NI. wala au
L	allotted	Number allotted
Address	<u> </u>	<u> </u>
<u> </u>		L
UK Postcode ————		
Please enter the number of continuation sheet (if any) attached to this form	m	
	e	
A director / secretary / administrator / administrative receiver / receiver manager / receiver	er Please del	ete as appropria

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.

SPOPPLETHY 20 OLD MILL SQUAKE					
STORKING TON	_ W Just	×c			
RHZO HI	10	Tel	01903 743856		
DX number	DX ex	xchange			