

Return of Allotment of Shares

Please complete in typescript, or
in bold black capitals.

CHFP036

Company Number

5115685

Company name in full

TRAVEL HEALTH TRAINING LTD

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

0 1 0 5 2 0 0 4

Class of shares

(ordinary or preference etc)

Ordinary

Number allotted

3

Nominal value of each share

1.00

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

3.00

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 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



A46
COMPANIES HOUSE

0635
21/05/04

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

| Shareholder details | Shares and share class allotted | |
|--|---------------------------------|-----------------|
| Name <u>Mrs Jane Chiodini</u> | Class of shares allotted | Number allotted |
| Address <u>9 Lavenham Drive, Biddenham,</u> <u>Bedford</u> | <u>Ordinary</u> | <u>2</u> |
| UK Postcode <u>MK40 4QR</u> | | |
| Name <u>Mr James Chiodini</u> | Class of shares allotted | Number allotted |
| Address <u>9 Lavenham Drive, Biddenham</u> <u>Bedford</u> | <u>Ordinary</u> | <u>1</u> |
| UK Postcode <u>MK40 4QR</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 sheet (if any) attached to this form

Signed x J.H. Chiodini Date _____

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.

| | |
|-----------------|------------------|
| Thompson & Co | |
| 30A Mill Street | |
| Bedford | Tel 01234 273978 |
| DX number | DX exchange |