

Return of Allotment of Shares

Please complete in typescript, or in bold black capitals CHWP000

05684823			
COHORT PLC	 ·		

Company Number	03004023					
Company name in full	COHORT PLC					
<u> </u>						
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 1 1 0 4 2 0 0 7					
Class of shares (ordinary or preference etc)	ORDINARY					
Number allotted	1626					
Nominal value of each share	10p					
Amount (if any) paid or due on each share (including any share premium)	ch					
List the names and addresses of th	e 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

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

Shareholder de	Shares and share class allotted		
Name Hargreave Hale Nominees Ltd a/c	BROKERTS	Class of shares allotted	Number allotted
Address , Marsden House, 4-10 Springfield Road		ORDINARY	1626
Blackpool, Lancashire		1	1
UK Pos	tcode EY1_1QW		
Name		Class of shares allotted	Number allotted
Address			
L			
UK Pos	tcode	1	<u> </u>
Name		Class of shares allotted	Number allotted
Address			
L			L
	tcode L L L L L	L	
Name		Class of shares allotted	Number allotted
Address			
UK Pos	tcode בבבבב	1	<u> </u>
Name	•	Class of shares allotted	Number allotted
Address			
	4		L
UK Pos	tcode		L
Please enter the number of continuation	ion sheets (if any) attached to this f	form	
Signed AUC	Date Date Date Date Date Date Date Date	to 11 May :	2007
A director / secretary / administrator / admin	nistrative receiver / receiver manager / recei	ver Please o	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			
contact if there is any query	Tel		
	DX number	DX exchange	