

Please complete in typescript, or in bold black capitals.
CHWP000

88	(2)
Return of Allotment	of Shares

Company Number	395826				
Company name in full	BALFOUR BEATTY AC	FOUR BEATTY Juc			
Shares allotted (including be	onus 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 3 1 2 2 0 0 8	2,3 1,2 2,0,0,8			
Class of shares (ordinary or preference etc)	ORDINARY				
Number allotted	5000				
Nominal value of each share	50P				
Amount (if any) paid or due on e share (including any share premium)	each 261P				
List the names and addresses of	the allottees and the number of shares allot	ted to each overleaf			
If the allotted shares are ful	ly or partly paid up otherwise than in	cash please state:			
% that each share is to be treated as paid up	100				
Consideration for which the shares were allotted	N/A				
(This information must be supported by the duly stamped contract or by the dul stamped particulars on Form 88(3) if th contract is not in writing)	ly				
Conduction to the tribulgy	· ·				
AKON56JZ	When you have completed and the Registrar of Companies at: Companies House, Crown Way, Cardif For companies registered in England a	f CF14 3UZ DX 33050 Cardiff			

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

DX 235 Edinburgh or LP - 4 Edinburgh 2

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15/01/2009

COMPANIES HOUSE

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

Shareholder deta	ils	Shares and share	class allotted	
Name TD WATERHOUSE		Class of shares allotted	Number allotted	
Address 201 DEANSGATE, MANCHESTER,	•	ORDINARY	5000	
UK Postcoo	de M3 3 TDL			
Name		Class of shares allotted	Number allotted	
Address				
UK Postco	de		L	
Name		Class of shares allotted	Number allotted	
Address			.	
UK Postco	de		L	
Name		Class of shares allotted	Number allotted	
Address				
UK Postco	de լ լ լ լ և և և և		<u> </u>	
Name		Class of shares allotted	Number allotted	
Address		_	1	
LIK Postco	de ccccc		L	
Please enter the number of continuation		his form		
Signed A director / secretary / administrator / administra		Date 1 3 JAN 200		
	ative receiver /_receiver manager /-	receiver Please	delete as appropriate	
/ou do not have to give any contact information in the box opposite but f you do, it will help Companies				
fouse to contact you if there is a guery on the form. The contact of the properties that you give will be		Tel		
nformation that you give will be distributed in the public second.	OX number	DX exchange		