



88(2)

Please complete in typescript,
or in bold black capitals.

CHFP001

Return of Allotment of Shares

Company Number

787 385

Company name in full

CENTAUR SERVICES 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
12	10	2000			

Class of shares
(ordinary or preference etc)

Number allotted

Nominal value of each share

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

	ORDINARY	
	1980	
	£1.00	
	£1.33	

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

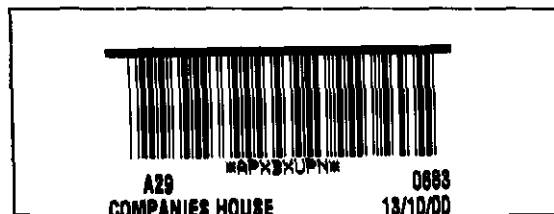
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Consideration for which
the shares were allotted
(This information must be supported by
the duly stamped contract or by the duly
stamped particulars on Form 88(3) if the
contract is not in writing)

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 DX 235
Edinburgh
For companies registered in Scotland



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

Shareholder details	Shares and share class allotted	
Name <u>RUPERT COMBES HIBBERD, PETER JOHN</u> <u>MAY, TIMOTHY WESTERN</u> Address <u>DROVE VET HOSPITAL, 252 CROFT ROAD,</u> <u>SKINDON</u> UK Postcode <u>SW11 4RL</u>	Class of shares allotted <u>ORDINARY</u>	Number allotted <u>825</u>
Name <u>ROBERT CHARLES DAVIDSON, JOSEPHINE</u> <u>MARTHA DEAN, DAVID JAMES MASON</u> Address <u>SHRUBBERY SERVICES LTD, 65 PERRY ST,</u> <u>NORTHFLEET, KENT</u> UK Postcode <u>DA11 8RLD</u>	Class of shares allotted <u>ORDINARY</u>	Number allotted <u>165</u>
Name <u>GRAHAM STUART SCDBEER, TIMOTHY IAN LAWRENCE,</u> <u>TESSA ALISON PORTER, MICHAEL JOSEPH L SHAN,</u> Address <u>COOMBEFIELD VET HOSPITAL, COOMBE LANE,</u> <u>AXMINSTER, DEVON</u> UK Postcode <u>EX13 5AL</u>	Class of shares allotted <u>ORDINARY</u>	Number allotted <u>165</u>
Name <u>DAVID ALAN CONSTANTINE, RODERICK ANDREW ASH</u> Address <u>GROVE LODGE VET HOSPITAL, UPPER BRIGHTON ROAD,</u> <u>NORTHING</u> UK Postcode <u>BN1 4 9DL</u>	Class of shares allotted <u>ORDINARY</u>	Number allotted <u>495</u>
Name <u>ROBERT EDWARD B. KELLACHER, AMANDA LOUISE KELLACHER</u> Address <u>ALBERT COTTAGE VET CLINIC, 66 LISKEARD ROAD</u> <u>SALTASH, CORNWALL</u> UK Postcode <u>PL12 4HL</u>	Class of shares allotted <u>ORDINARY</u>	Number allotted <u>165</u>

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

1

Signed

Date

12th OCTOBER 2000

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.

CENTAUR SERVICES	
LIMITED	
CENTAUR HOUSE,	
TORBAY ROAD,	
CASTLE CARY,	Tel <u>01963 350187</u>
SOMERSET	
DX number BA77EU /	DX exchange

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

Shareholder details		Shares and share class allotted	
Name <u>COLIN H BOND</u> Address <u>DURFOLD HILL, DORKING ROAD,</u> <u>WARNHAM, HORSHAM, SUSSEX</u> UK Postcode <u>RH12 3RY</u>		Class of shares allotted <u>ORDINARY</u>	Number allotted <u>165</u>
Name _____ Address _____ _____ UK Postcode <u>LLLL LLL</u>		Class of shares allotted _____	Number allotted _____
Name _____ Address _____ _____ UK Postcode <u>LLLL LLL</u>		Class of shares allotted _____	Number allotted _____
Name _____ Address _____ _____ UK Postcode <u>LLLL LLL</u>		Class of shares allotted _____	Number allotted _____
Name _____ Address _____ _____ UK Postcode <u>LLLL LLL</u>		Class of shares allotted _____	Number allotted _____

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

Signed _____

Date _____

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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.

Tel _____	
DX number _____	DX exchange _____