Please do not write in this margin

Please complete legibly, preferably in black type, or bold block lettering

Insert full name of company

† Distinguish between ordinary. preference, etc.

§ Complete (a) or (b) as appropriate

PESOLUTION PRODELISED CURRENTES STORE ROLLSROPS

COMPANIES FORM No. 88(2)(Rev 1988)

Return of allotments of shares

Pursuant to section 88(2) of the Companies Act 1985 (the Act)

train of Companies (address overleaf) To the Registrar of (see noted)

(REVISED 1988)

This form replaces forms PUC2, PUC3 and 88(2)

Company number

933605

1. Name of company

SUNRISE MEDICAL LIMITED

2. This section must be completed for all allotments

| Description of shares† | Ordinary | | |
|--|----------|---|---|
| A Number allotted | 26,974 | | |
| B Nominal value of each | £1 | £ | £ |
| C Total amount (if any) paid or due and payable on each share (including premium if any) | £ 667.31 | £ | £ |

Date(s) on which the shares were allotted

31 December 19 96 __ 1§, or

The names and addresses of the allottees and the number of shares allotted to each should be given overleaf

3. If the allotment is wholly or partly other than for cash the following information must be given (see notes 2 & 3)

D Extent to which each share is to be treated as paid up. 100% Please use percentage. E Consideration for which the 4,372,091 ordinary shares of £1 each, shares were allotted. representing the entire issued share capital of DeVilbiss Health Care (UK) Limited.

Notes

- 1. This form should be delivered to the Registrar of Companies within one month of the (first) date of allotment.
- 2. If the allotment is wholly or partly other than for cash, the company must deliver to the Registrar a return containing the information at D & E. The company may deliver this information by completing D & E and the delivery of the information must be accompanied by the duly stamped contract required by section 88(2)(b) of the Act or by the duly stamped prescribed particulars required by section 88(3) (Form No 88(3)).
- 3. Details of bonus issues should be included only in section 2.

Presentor's name, address, telephone number and reference (if any):

PINSENT CURTIS 3 COLMORE CIRCUS BIRMINGHAM B4 6BH REF: DBR/76282 0084 9/SDG For official use



4. Names and addresses of the allottees

| Names and Addresses | Numb | Number of shares allotted | | |
|----------------------------|-----------|---------------------------|----------|--|
| | Ordinary | Preference | Other | |
| DEVILBISS HEALTH CARE INC. | 26,974 | | | |
| 2382 FARADAY AVENUE | | | - | |
| SUITE 200 CARLSBAD | | | | |
| CA 92008 | | | | |
| USA | | | | |
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| Tot | al 26,974 | | | |

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Please complete legibly, preferably in black type, or bold block lettering

| sheets should be used and the number of sheets attached should be indicated in the box opposite: | |
|--|-----------------|
| Signed | Date 6 h Jan'a7 |

Companies registered in England and Wales or Wales should deliver this form to:-

Where the space given on this form is inadequate, continuation

Companies registered in Scotland should deliver this form to:-

The Registrar of Companies Companies House Crown Way Maindy Cardiff CF4 3UZ

The Registrar of Companies Companies Registration Office 102 George Street Edinburgh EH2 3DJ

Page 2

‡ Insert Director,

Secretary, Administrator, Administrative Receiver, or Receiver (Scotland) as appropriate