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

## Return of allotments of shares

88(2)

(REVISED 1988)

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

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

To the Registrar of Companies (address overleaf)  
(see note 1)

PASSED FOR FILING

Company number

933605

Please do not  
write in this  
marginPlease complete  
legibly, preferably  
in black type, or  
bold block lettering

## 1. Name of company

\* Insert full name  
of company

* SUNRISE MEDICAL LIMITED
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## 2. This section must be completed for all allotments

† Distinguish  
between  
ordinary,  
preference, etc.

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	£	£

§ Complete  
(a) or (b) as  
appropriate

Date(s) on which the shares were allotted

(a) [on 31 December 19 96] §, or

~~(b) [from 19 to 19] §~~

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)

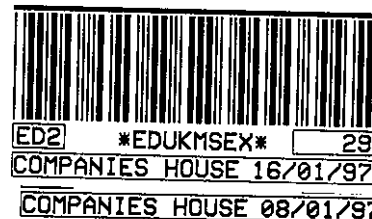
D Extent to which each share is to be treated as paid up. Please use percentage.	100%		
E Consideration for which the shares were allotted			
4,372,091 ordinary shares of £1 each, representing the entire issued share capital of DeVilbiss Health Care (UK) Limited.			

## 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

Please do not  
write in the  
margin.

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

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

Where the space given on this form is inadequate, continuation sheets should be used and the number of sheets attached should be indicated in the box opposite:

Signed\_

Designation#.

Secretary

Date \_\_\_\_\_

6 Jan '97

‡ Insert Director, Secretary, Administrator, Administrative Receiver, or Receiver (Scotland) as appropriate

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

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

Companies registered in Scotland  
should deliver this form to:-

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

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