

Return of Allotment of Shares

Please complete in typescript, or
in bold black capitals.

CHWP000

Company Number

2920061

Company name in full

IMAGINATION TECHNOLOGIES GROUP PLC

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
Day Month Year

2 0 1 2 2 0 0 1

To

Day Month Year

Class of shares

(ordinary or preference etc)

ORDINARY

ORDINARY

Number allotted

5000

1000

Nominal value of each share

10p

10p

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

47.5p

53p

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
For companies registered in England and Wales

DX 33050 Cardiff

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

DX 235
Edinburgh



A27
COMPANIES HOUSE

0433
04/01/02

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

Shareholder details	Shares and share class allotted	
Name FIONA BOGUE Address 6 GLENDALE GROVE, GLASHEEN ROAD, CORK, IRELAND UK Postcode L L L L L L L	Class of shares allotted ORDINARY	Number allotted 6,000
Name Address UK Postcode L L L L L L L	Class of shares allotted	Number allotted
Name Address UK Postcode L L L L L L L	Class of shares allotted	Number allotted
Name Address UK Postcode L L L L L L L	Class of shares allotted	Number allotted
Name Address UK Postcode L L L L L L L	Class of shares allotted	Number allotted

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

Signed

T. Selly

Date

02-01-02

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.

Tel	
DX number	DX exchange