

Return of Allotment of Shares

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

Company Number

2020061

2920001	
IMAGINATION	TECHNOLOGIES GROUP PLC

Company name in full	MAGINATION TECHNOLOGIES GROUP PLC					
Shares allotted (including bonus shares):						
	From To					
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 8 0 2 2 0 0 5					
Class of shares (ordinary or preference etc)	ORDINARY					
Number allotted	6019					
Nominal value of each share	£0.10					
Amount (if any) paid or due on eac share (including any share premium)	ch 51.5p					
List the names and addresses of 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						
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 For companies registered in Scotland

DX 235 Edinburgh



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

Shareholder de	Shares and share	Shares and share class allotted	
Name NICOLAS THIBIEROZ		Class of shares allotted	Number allotted
Address 310 NORTHRIDGE WAY,		ORDINARY	6,019
HEMEL HEMPSTEAD, HERTS		,	
UK Post	code HP1 2AB	L	
Name		Class of shares allotted	Number allotted
Address			
			:
UK Pos	tcode	L	<u> </u>
Name		Class of shares allotted	Number allotted
Address		_	
UK Pos	tcode	L	L
Name		Class of shares allotted	Number allotted
Address			
,			1
UK Pos	tcode		
Name		Class of shares allotted	Number allotted
Address		_	
UK Pos	tcode	L	
Please enter the number of continuat	ion sheets (if any) attached to t	his form	
signed1. Selle	\	Date 6.05.0	5
A director / secretary / administrator / admini	/ nistrative 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	