Companies House
— for the record —

Please complete in typescript, or in bold black capitals.

CHFP000

88(2)
Return of Allotment of Shares

Company Number | 02956243

Company name in full | FINSBURY LIMITED

Shares allotted (including bonus shares):

	From			To		
Date or period during which shares were allotted (If shares were allotted on one date enter that date in the "from" box)	Day	Month	Year	Day	Month	Year
	2 2	0 9	1 9 9 4			

Class of shares (ordinary or preference etc)	ORDINARY		
Number allotted	1		
Nominal value of each share	£1		
Amount (if any) paid or due on each share (including any share premium)	£1		

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

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)

A38
COMPANIES HOUSE
AXDI419Q
0243
05/06/01

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**
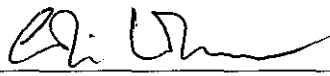For companies registered in Scotland   **Edinburgh**

Form revised January 2000

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

Shareholder details	Shares and share class allotted	
	Class of shares allotted	Number allotted
Name ETHNE ETAINE LUOD **Address** 15 KENSINGTON SQUARE LONDON UK Postcode W 8 5 H H	ORDINARY	1
Name **Address** UK Postcode _ _ _ _ _ _ _	Class of shares allotted	Number allotted
Name **Address** UK Postcode _ _ _ _ _ _ _	Class of shares allotted	Number allotted
Name **Address** UK Postcode _ _ _ _ _ _ _	Class of shares allotted	Number allotted
Name **Address** UK Postcode _ _ _ _ _ _ _	Class of shares allotted	Number allotted

Please enter the number of continuation sheets (if any) attached to this form   0

Signed _(signature)_   **Date** 1 June LUO1

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