

Please complete in typescript, or in bold black capitals CHFP029

88(2)

Return of Allotment of Shares

Company name in full	3071231			
	1Limited			
Shares allotted (including bon	ius 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	To Day Month Year		
	2 7 0 9 2 0 0 1			
Class of shares ordinary or preference etc)	A Ord £0.0025			
Number allotted	270			
Nominal value of each share	£ 0.0025			
Amount (if any) paid or due on each share (including any share premium)	£ 49.00			
List the names and addresses of th	e allottees and the number of shares allotted	l to each overleaf		
f the allotted shares are fully	or partly paid up otherwise than in ca	ash 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		



A44 COMPANIES HOUSE

0241 13/06/02 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

Companies House, 37 Castle Terrace, Edinburgh EH1 2EB DX 235 For companies registered in Scotland Edinburgh

DX 33050 Cardiff

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

Shareholder details	Shares and share class allotted	
Name LENEL, URSULA	Class of shares allotted	Number allotted
Address		
L 52 VICTORIA PARK, CAMBRIDGE, CAMBS, ENGLAND	(A Ord £0.0025	
UK Postcode LC LB L4 L L3 LE LL		
Name	Class of shares allotted	Number allotted
Address		
UK Postcode		
Name	Class of shares allotted	Number allotted
Address		L
UK Postcode L L L L L		
Name	Class of shares allotted	Number allotted
Address		
		_
UK Postcode L_L_L_L_L	L	
Name	Class of shares allotted	Number allotted
Address		
UK Postcode L L L L L		
Please enter the number of continuation sheets (if any) attached to thi	s form	7
C		<u> </u>
A director / secretary / administrator / administrative receiver / receiver manager / rece	Date 12 June 5	elete as appropriate
Please give the name, address, MS SUSAN E DIXON, LEGAL SURFI		
telephone number and, if available, a DX number and Exchange of the	Tel 01223 503	004

person Companies House should contact if there is any query.

MS SUSAN E DIXON, LEGAL	SURFING LTD, 11 STURTON STREET, CAMBRIDGE, CB1
2SN	
Tel 01223 503 861	
DX number	DX exchange