



88(2)

To

## **Return of Allotment of Shares**

From

Please complete in typescri	pt,
or in bold black capitals.	

CHFP010

**Company Number** 

Cam	nan.,	Nama	in ful	
COIL	parry	Name	III IUI	

3071324	
XiMed 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)

Class of shares

(ordinary or preference etc)

Number allotted

Nominal value of each share

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

Day Month Year	Day Month Year
0 1 1 2 2 0 0 0	
ORDINARY	

ORDINARY	
200,000	
£0.01	
£0.01	

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)





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) No 3071324

Shareholder details	Shares and share cl	Shares and share class allotted	
Name	Class of shares allotted	Number allotted	
Battlebridge Secretaries Limited	£0.01 ORDINARY	200,000	
Address 21 Market Place, Cirencester, Gloucestershire			
		<u>.</u>	
UK postcode GL7 2NX			
Name	Class of shares allotted	Number allotted	
Address			
UK postcode			
Name	Class of shares allotted	Number allotted	
Address			
UK postcode		. [	
Name	Class of shares allotted	Number allotted	
Address			
UK postcode L			
Please enter the number of con	tinuation sheets (if any) attached to this form	0	
Signed Signed		5-12-00	
A director / secretary / administrator / administra	ative receiver / receiver manager / receiver		
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.  Brookstreet Des Roches, 1 Des Roches Square, Witan Way,, Witney, Oxon, OX8 6BE			

DX number

Tel 01993 771 616

DX exchange