

## 88(2)

To

## **Return of Allotment of Shares**

From

Please complete in typescript
or in bold black capitals.
OUEDO40

CHFP010

**Company Number** 

Com	nanu	Name	in	f
COIII	pany	name	111	TUI

3071324	1
XiMed Group PLC	
	<del></del>

## 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)

	Đá	ау	Мо	nth		Υe	ar		Day	Month	Y	'ear	
	1	9	1	0	2	0	0	0		1		1	
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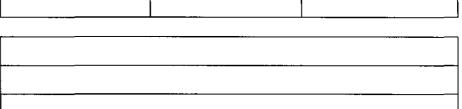
ORDINARY		
200,000		
£0.01	ļ	
£1.00		

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)



09/12/00 COMPANIES HOUSE

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

Shareholder details	Shares and share o	Shares and share class allotted				
Name	Class of shares allotted	Number allotted				
Battlebridge Secretaries Limited	reT f0.01 ORDINARY	200,000				
Address 21 Market Place, Cirencester, Gloucestershire						
UK postcode GL7 2NX	_					
Name	Class of shares allotted	Number allotted				
Address		_				
	<u> </u>	_				
UK postcode						
Name	Class of shares allotted	Number allotted				
Address						
		-				
UK postcode						
Name	Class of shares allotted	Number allotted				
Address						
	I	1				
UK postcode						
Please enter the number of cor	tinuation sheets (if any) attached to this form	0				
Signed		8-12-00				
A director / secretary / administrator / administrator /	ative receiver / receiver manager / receiver					
Please give the name, address, telephone number and, if available, a DX number and	Brookstreet Des Roches, 1 Des Roche	okstreet Des Roches, 1 Des Roches Square, Witan				
Exchange of the person Companies House should contact if there is any query.	Way,, Witney, Oxon, OX8 6BE					
one and opinion in the second of the second	<b>Tel</b> 01993 771 616	<b>Tel</b> 01993 771 616				

DX number

DX exchange