

for the second

Return of Allotment of Shares

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

Company Number

3335610

Company name in full

WATFORD LEISURE PLO	С		

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)

From	То
Day Month Year	Day Month Year
1 3 0 2 2 0 0 4	

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)

ORDINARY SHAQES	
185	
£0.01 (%op)	
0.2 p per share	

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

A 14

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 For companies registered in England and Wales

DX 235

DX 33050 Cardiff

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

Edinburgh

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

Shareholder details	Shares and share class allotted	
Name STRAND PARTNERS LIMITED	Class of shares allotted	Number allotted
Address 110 PARK STREET,	ORDINARY	185
LONDON		L
UK Postcode N 1 K 6 N X	L	L
Name	Class of shares allotted	Number allotted
Address		L
UK Postcode		L
Name On the state of the state	Class of shares allotted	Number allotted
Address		
		<u> </u>
UK Postcode டடடடட		
Name	Class of shares allotted	Number allotted
Address		
L		
UK Postcode		
Name	Class of shares allotted	Number allotted
Address		
UK Postcode LLLLL		
Please enter the number of continuation sheets (if any) attached to t	this form	
Signed (P.T.WASTALL)	Date) -
A director-/ secretary / administrator-/ administrative receiver / receiver manager /	receive r Pleas	e delete as appropri
Please give the name address		

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.

PETER WASTALL	
WATFORD LEISU	SINDIUM SINDIUM
WATFORD SHIRE	Tel 01923 496000
DX number	DX exchange