

## Return of Allotment of Sha

CHFP000

Company I	Num	ber
-----------	-----	-----

Company name in full

351295	3		. , ,	
ULTIMA	HOLDINGS	LIMITED	•	
		<del></del>		 

Date or period during which shares were allotted (If shares were allotted on one date enter that date in the "from" box.

	Fro	m		þ	0
Day	Month	Year	Day	Month	Year
219	09	20000			

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)

C MON-VOTING ORDINARY			
180,000			
f,			
£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)

	·	
	•	Ì
<del></del>		
		Ĭ
		j

When you have completed and signed the form send it to the Registrar of Companies at:



**COMPANIES HOUSE** 

02/05/01

Ţе

DX 33050 Cardiff

Companies House, Crown Way, Cardiff CF14 3UZ For companies registered in England and Wales

> DX 235 Edinburgh

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

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

Shareholder details	Shares and share	class allotte
Name NHP SECURITIES NO 3 LIMITED	Class of shares allotted	Number allotted
Address 6 BRUAD STREET PLACE	C HON VOTING	1 80,000
	- ORDINAL!	
	_	<u> </u>
UK Postcode EL2M7ND		
Name	Class of shares allotted	Number allotted
Address		
	_	L
	_	L
UK Postcode		1
Name	Class of shares allotted	Number allotted
Address		
		1
	_	
UK Postcode	L	
Name	Class of shares allotted	Number allotted
Address	_	
	- [ <del></del>	L
	_	L
UK Postcode		L
Name	Class of shares allotted	Number allotted
Address	_	
	_	L
UK Postcode		<u> </u>
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
Please enter the number of continuation sheet(s) (if any) attached to thi	,	
gned Da	ate 30 4 20	. 10
A director / secretary / administrator / administrative_receiver / receiver manager /-receiver	oiver Please de	lete as appropriat
ease give the name, address,		
ephone number and, if available,  DX number and Exchange of the	MI	<del></del>
rson Companies House should	£4C <b>₹</b>	
ntact if there is any query.		

DX number

DX exchange