

Please complete in typescript, or in bold black capitals. CHFP001

Return of Allotment of Shares

Company Number	03977886		
Company name in full	JEFFERIES INTERNATIONAL (HOLDINGS) LIMITED		
Shares allotted (including bonus shares):			
5	From To		
Date or period during which shares were allotted	Day Month Year Day Month Year		
(If shares were allotted on one date enter that date in the "from" box)	0 2 0 1 2 0 0 7		
Class of shares (ordinary or preference etc)	Ordinary		
Number allotted	15200000		
Nominal value of each share	£1		
Amount (if any) paid or due on each share (including any share premium)	£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)			



25/01/2007 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 Cardiff

For companies registered in England and Wales

Companies House, 37 Castle Terrace, Edinburgh EH1 2EB DX 235 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 Lefferies Groun Inc	Class of shares allotted	Number allotted
Address 520 Madison Avenue, 12th Floor, New York, 10022, USA	Ordinary	15200000
	L	
HK Postcode L L L L L L		
Name L	Class of shares allotted	Number allotted
Address		
UK Postcode L. L. L. L. L. L. L.		- L
Name L	Class of shares allotted	Number allotted
Address		1
UK Postcode LLLLLL		<u> </u>
Name	Class of shares allotted	Number allotted
Address		
L		
UK Postcode L L L L L L		
Name	Class of shares allotted	Number allotted
Address		
HK Postrode L L L L L		
Please enter the number of continuation sheet(s) (if any) attached to this fi	orm	
A diseaser / secretary 7 administrator / administrative receiver / receiver manager / re	occiver Pleas	se delete as appropriate
ease give the name, address, lephone number and, if available,		
DX number and Exchange of the		
ntact if there is any query.	Tel DY evenage	
DX number	DX exchange	

CHAD 10/11/99