

Return of Allotment of Shares

To

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

Company Number

4018096

Company name in full

4C Associates Ltd	

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

Month Year Day Month Year

From

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	
125	
£0.01	
£40.00	

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

100%

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:

16/11/02 COMPANIES HOUSE

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

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

Shareholder details		Shares and share class allotted	
Name CHRISTABEL DIANA I	SEATRICE FLIGHT	Class of shares allotted	Number allotted
Address 6 BARTON STREET, L LONDON	JESTMINSTER,	Orainary	125
	tcode S.W.I.P.3N.G		<u> </u>
Name		Class of shares allotted	Number allotted
Address			
LIK Pos	tcode டடடடட		
Name		Class of shares allotted	Number allotted
Address			
			<u> </u>
UK Pos	tcode		
Name		Class of shares allotted	Number allotted
Address		L	
UK Pos	tcode		L
Name		Class of shares allotted	Number allotted
Address			
	tcode		
Please enter the number of continuet	ion sheets (if any) attached to this f	DEST	L 02
A director / secretary / administrator / admin			lete as appropriate
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.		Tel	
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