

Return of Allotment of Shares

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

Company Number

4124090		
TEKASSIST	671	

Company name in full	TEKASSIST LTO				
Shares allotted (including bo	nus shares):				
Date or period during which shares were allotted (If shares were allotted on one date enter that date in the "from" box)	From Day Month Year 3003 2006	To Day Month Year 30013 2006			
Class of shares (ordinary or preference etc)	ORDINARY				
Number allotted	FOUR				
Nominal value of each share	L1				
Amount (if any) paid or due on each share (including any share premium)	ch L1				
List the names and addresses of th	ne allottees and the number of shares allo	tted to each overleaf			
If the allotted shares are fully	or partly paid up otherwise than ir	າ 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)					
	When you have completed and the Registrar of Companies at:				

A11
COMPANIES HOUSE 01/04/2006

Form Revised January 2000

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 KIM STAOLETON		Class of shares allotted	Number allotted
Address 318 TANISTOCK POR	9	ORDINARY	
UK Postcoo	te PLL &AL.	<u> </u>	
Name Jane Chay		Class of shares allotted	Number allotted
Address 19 Holdward ORIVE		OSOMBY	
<u> </u>	de PL21 97 H	L	
Name		Class of shares allotted	Number allotted
Address			
UK Postcoo	de	L	
Name		Class of shares allotted	Number allotted
Address			
LIK Postcor			
Name		Class of shares	Number allotted
Address			
			L
UK Postcoo	de		L
Please enter the number of continuation	sheets (if any) attached to this t		
A director / secretary / administrator / administra	Dative receiver / receiver manager / recei	•	ete as appropriate
Please give the name, address, selephone number and, if available, a DX number and Exchange of the person Companies House should contact if there is any query.	PRIKITURS HILL 58 NOOTH ROOD PLYMOUTH X number	T 1	rdddo