

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

Return of Allotment of Shares

Company Number	4222446
Company name in full	SERCO-MORRISON LIMITED

Shares allotted (including bonus sh	ares):	
	From	То
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)	2,3 0,5 2,0,0,1	
Class of shares	Ordinary	
(ordinary or preference etc)	Crumary	
Number allotted	1	
Nominal value of each share	£1.00	
Amount (if any) paid or due on each share (including any share premium)	£1.00	
List the names and addresses of the al	llottees and the number of shares allotte	ed 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		
	<u></u>	
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 a	and signed the form send it to



Companies House, Crown Way, Cardiff CF14 3UZ DX 33050 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 cl	Shares and share class allotted	
Name Serco Limited	Class of shares allotted	Number allotted	
Address Dolphin House, 140 Windmill Road, SUNBURY-ON-THAME	S, Ordinary	1	
Middlesex			
UK Postcode TW16 7H3	г		
Name	Class of shares allotted	Number allotted	
Address		1	
UK Postcode			
Name	Class of shares allotted	Number allotted	
Address		1	
UK Postcode		<u> </u>	
Name	Class of shares allotted	Number allotted	
Address			
		L	
UK Postcode	<u> </u>	<u> </u>	
Name	Class of shares allotted	Number allotted	
Address		1	
		L	
UK Postcode			
Please enter the number of continuation sheets (if any) attach	ed to this form	1	
A director / see retary / administrator / administrative receiver / receiver	Date 5/7/0/	elete as appropriate	

ephone number and, if available,		<u>POIM Cout</u> re	
rson Companies House should	′	```J```	
ntact if there is any query. DX number	er DX exchange		