

88(2)

Return of Allotment of Shares

Please complete in typescript, or
in bold black capitals.

CHFP036

Company Number

4311610

Company Name in full

PMS MICRO LIMITED

Shares allotted (including bonus shares):

Date or period during which
shares were allotted

If shares were allotted on one date
enter that date in the "from" box)

From

To

Day Month Year

Day Month Year

2	6	1	0	2	0	0	1
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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		
1		
1		
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

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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:

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 NIKOLA JOANNE MUIRHEAD		Class of shares allotted	Number allotted
Address 1 KINGS GROVE, VILLA ROAD, BINGLEY		ORDINARY	1
UK Postcode B D 1 6 4 E Z			
Name		Class of shares allotted	Number allotted
Address			
UK Postcode			
Name		Class of shares allotted	Number allotted
Address			
UK Postcode			
Name		Class of shares allotted	Number allotted
Address			
UK Postcode			
Name		Class of shares allotted	Number allotted
Address			
UK Postcode			
Name		Class of shares allotted	Number allotted
Address			
UK Postcode			

Please enter the number of continuation sheet (if any) attached to this form

Signed

[Signature]

Date

26.10.2001

A director / ~~secretary~~ / administrator / administrative receiver / receiver manager / receiver

Please delete as appropriate

Please give the name, address, telephone number and, if available, fax number and Exchange of the person Companies House should contact if there is any query.

BURROW & CROWE	
CHARTERED ACCOUNTANTS	
8/9 FEAST FIELD	
HORSFORTH LEEDS LS18 4TJ	
TEL: (0113) 259 1886	
DX number	FAX: (0113) 259 1880
	DX exchange