

88(2) Return of Allotment of Shares

Please complete in typescript, or in bold black capitals. CHFP000

Company Number

4425115

Company name in full

MULBERRY DRIVE MANAGEMENT COMPANY

	KIMITED						
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 Day Month Year 0 2 0 5 2 0 0 2	To Day Month Year					
Class of shares (ordinary or preference etc) Number allotted	ORDINARY						
Nominal value of each share Amount (if any) paid or due on each	£1-00						
share (including any share premium) 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)							



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

Companies House, 37 Castle Terrace, Edinburgh EH1 2EB For companies registered in Scotland

DX 235 Edinburgh

DX 33050 Cardiff

Names and addresses of the allottees	(List joint share allotments consecutively,
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Shareholder details		Shares and share	class allott
Name		Class of shares	Number
MISS PENELOPE A	NN MANNING	allotted	allotted
Address			
16 MULBERRY DR	IVE, WHEATLEY	ORDINARY	_1_
OXON	:		
	UK Postcode OX33 LUT	L	
Name		Class of shares	Number
		allotted	allotted
Address		_	
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	UK Postcode		Ĺ
Name		Class of shares	Number
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Address	10-00-00	_	
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Name		Class of shares allotted	Number allotted
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Address			
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	UK Postcode		
Name		Class of shares	Number
		allotted	allotted
Address			
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	UK Postcode		l
<u>.</u>	UK Postcode		L
Rlease enter the number of c	continuation sheets (if any) attached to this	form	
V. C. Las-			
gned Rigidler		ate	
A director / secretary / administra	ator / administrative receiver / receiver manager / rece	eiver Please o	lelete as appropria
ease give the name, address,			, <u>.</u>
ephone number and, if available, DX number and Exchange of the			-#·
rson Companies House should			
ntact if there is any query.		Tel	

DX number

DX exchange