

88	(2)
Return of Allotment	of Shares

or in bold black capitals. CHFP005					
Company Number	4447543				
Company Name in full	REISSWOLF LONDON LIMITED				
Shares allotted (including bonus sh	ares):				
Date or period during which shares were allotted	FromDay Month Year	To  Day Month Year			
(If shares were allotted on one date enter that date in the "from" Box).	050620	١١ ١١٥ ١١٥ ١١٥ ع			
Class of Shares (ordinary or preference etc).	CSTO				
Number allotted	99				
Nominal value of each share					
Amount (if any) paid or due on each share (including any share premium)	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 part	ly paid up otherwise t	han 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)					

**COMPANIES HOUSE** 02/11/02

Form revised January 2002

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

88(2) (Side 2)

	Shareholder details	Shares and share o	lass allotte
Name		Class of shares	Number
*	20 -	allotted	alloted
<u> </u>	112 MICHAREL BICKERY		
Address	0-		99
	11 KERLEY KD THURNHILL		<u> </u>
	EGREMONT (UMBRIA	L	
	UK PostCode   C   A   2   2   2   5   F	<u> </u>	
Name		Class of shares	Number
		allotted	alloted
Address			
		<u> </u>	
		L	
	UK PostCode	 	L
Name		Class of shares	Number
		allotted	alloted
<del></del>			
Address			
		L	L
	UK PostCode	L	1
Vame		Class of shares	Number
		allotted	alloted
Address			
	· · · · · · · · · · · · · · · · · · ·		L
		<u> </u>	L
	UK PostCode		L
Name		Class of shares	Number
		allotted	alloted
Address	į		
		L	<u></u>
			L
	UK PostCode L_   L_	<u> </u>	
	Please enter the number of continuation sheet(s) (if any) atta	iched to this form	
	A /a		
Signed	Mullack	Date	. 02-
g.104	A disease / a sease / a destate / a destate /	<del>.</del>	-lata as
	A director / secretary / administrator / administrative receiver / receiver man	ager / receiver Please de	elete as appropriat
ease give	the name, address,		
		Com PAUZ	

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.

Co. BJS aux - Com PAW 7				
~ MAID 5	T (OCHERMONTH CARSALO			
	Tel 0,900 822,62			
DX Number	DX Exchange			