

Return of Allotment of Shares

CHFP000

4490	74-	15		
WEST	0 C	ENGLAND	LAND	

Company name in full	WEST OF ENGLAND LAND						
	(STOKE-SUB-HAMDON) LIMITED						
Shares allotted (including bonus shares):							
	From						
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.	19072002						
Class of shares (ordinary or preference etc)	ORDIMARY						
Number allotted	1						
Nominal value of each share	EI						
Amount (if any) paid or due on each share (including any share premium)	ch E1						
List the names and addresses of the	he allottees and the number of shares al	lotted to each overleaf					
If the allotted shares are fully	y 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)							
	200						

When you have completed and signed the form send it to the Registrar of Companies at:



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DX 33050 Cardiff

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

Companies House, Crown Way, Cardiff CF14 3UZ

For companies registered in England and Wales

DX 235 **Edinburgh**

Names and addresses of the allottees	(List joint share allotments consecutively)
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Shareholder of	Shares and share	Shares and share class allotted	
Name DAVID LIONEZ	BRITTAIN	Class of shares allotted	Number allotted
Address 43 Hall Street CHANNEL 19LA	- ALDERNE	ORDINARY	026
CHANNEL ISLA	200		L
	ostcode SZ3_32		
Name		Class of shares allotted	Number allotted
Address			
			L
UK Po	stcode		L
Name		Class of shares allotted	Number allotted
Address			
			L
UK Po	stcode		L
Name		Class of shares allotted	Number allotted
Address			
			L
UK Po	stcode		L
lame		Class of shares allotted	Number allotted
Address			
			L
UK Po	stcode		L
Please enter the number of continua	tion sheet(s) (if any) attache		
A director / secretary Fadministrator / adm	inistrative receiver / receiver mane	Date 31 10 - 3	delete as appropriate
ease give the name, address,			
ephone number and, if available, DX number and Exchange of the			
erson Companies House should ntact if there is any query.		Tel	
	DX number	DX exchange	-