

for the revend

Return of Allotment of Shares

То

Please complete in typescript, or in bold black capitals. CHWP000

Company	Num	ber
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47-15116.

From

Company name in ful	Com	pany	name	in	ful
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JARRANG LIMITED	 		 	 _	

Shares allott	ed (including	bonus shares	;):
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Date or period during which
shares were allotted
(If shares were allotted on one date
enter that date in the "from" box)

Day	Month	Year	Day	Month	Year
2 8	0 3	2 0 0 3	1		. 1 1 1

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			*****
75			
£1.00		-	
£1.00			

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

29/03/03

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 deta	ails	Shares and share	class allotted
Name STAFFORD JOHN SUMNER		Class of shares allotted	Number allotted
Address 52 LONDON ROAD, KNEBWORTH, HERT	FORDSHIRE	ORDINARY	75
UK Postco	ode SG3 6 HH	L	·
lame		Class of shares allotted	Number allotted
Address			12
UK Posto	ode LLLLLL		L
Name		Class of shares allotted	Number allotted
Address			. 1
UK Posto	code L L L L L L		
Name		Class of shares allotted	Number allotted
Address		_	
UK Post	code LLLLLL		<u> </u>
Name		Class of shares allotted	Number allotted
Address			_
UK Pos	tcode L L L L L L L		_
Please enter the number of continuati		is form	
Signed A director / secretary / administrator / admin		Date 18/3/03	se delete as appropriate
Please give the name, address,	CHARTER	ED ACCOUNTANTS	
telephone number and, if available, a DX number and Exchange of the	AND BUS	SINESS ADVISERS	
person Companies House should contact if there is any query.	TRI	RO TR1 2NS	
	TEL:	01872 276760	
	DX number FAX:	01972275751	