Package:

'Laserform'

by Laserform International Ltd.

Please complete in typescript, or in bold black capitals.

CHFP025

Company Number

Company name in full

Date or period during which

Nominal value of each share

share (including any share premium)

shares were allotted (If shares were allotted on one date

Class of shares

Number allotted

(ordinary or preference etc)

enter that date in the "from" box)

88	(2)
Return of Allotn	nent of Shares

04800317 CAPITAL METERS LIMITED Shares allotted (including bonus shares): From To Month Month Year Day Year Day 0, **ORDINARY** 49,999 £1 Amount (if any) paid or due on each £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

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)

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

Companies House, Crown Way, Cardiff, CF14 3UZ DX 33050 Cardiff For companies registered in England and Wales

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	Class of shares	Number	
CAPITAL METERS HOLDINGS LIMITED	allotted	allotted	
Address			
Level 30, Citypoint, One Ropemaker Street, London	Ordinary	49,999	
UK Postcode <u>E C 2 Y 9 H D</u>	<u> </u>		
Name .	Class of shares allotted	Number allotted	
Address			
UK Postcode	<u> </u>		
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	-		
		<u> </u>	
UK Postcode			
Please enter the number of continuation sheets (if any) attached to this form	n		
igned M Day Day	te08 12 0	3	
A director / secretary / administrator / administrative receiver / receiver manager / rece		lelete as appropriate	
lease give the name, address, Norton Rose (Ref: MAXD/NCHA	V/AA55453)		
ephone number and, if available, DX number and Exchange of the			

Kempson House, Camomile Street, London EC3A 7AN

DX number 1024

Tel 020 7283 6000

DX exchange City

Laserform International 02/00

person Companies House should contact if there is any query.