

www.digita.com

Return of Allotment of Shares

Please complete in typescript, or

in bold black capitals.	
CHFP036	
Company Number	

Company name in full

PEES	PROPERTIES	LIMITED	 		

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		T	0
Day Moi	nth Year	Day	Month	Year
2 1 0	8 2 0 0 3			

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	
1	
1.0000	
1.0000	

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)

				 "
	- <u>-</u>	 _		 ,
				
				·

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

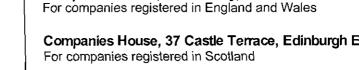
DX 33050 Cardiff

DX 235

Edinburgh

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





Names and addresses of the allottees (List joint share allottments consecutively)

Shareholder details	Shares and share	Shares and share class allotted		
Name R ALI AKHTAR SADIQ	Class of shares allotted	Number allotted		
ddress 2 LAMBETH ROAD, LINTHORPE	ORDINARY	_1		
IDDLESBOROUGH, ENGLAND				
UK Postcode TS5 6EB		L		
Name	Class of shares allotted	Number allotted		
Address		1		
LIV Doctordo		L		
UK Postcode	Class of shares	Number		
Address	allotted	allotted		
UK Postcode				
Name	Class of shares allotted	Number allotted		
Address				
UK Postcode				
Name	Class of shares allotted	Number allotted		
Address		_		
UK Postcode	L	_		
Please enter the number of continuation sheet (if any) attached to	this form $\frac{1}{\text{Date } \times \frac{1}{\sqrt{9}}}$			
A director / secretary / administrator / administrative receiver / receiver manag	ger / receiver Pleas	se delete as appropria		
ease give the name, address,	T.TMTTED			

telephone number and, if available, a DX number and Exchange of the person Companies House should contact if there is any query.

PORTLAND REGISTRA	RS LIMITED	
1 CONDUIT STREET, I	LONDON	
W1S 2XA, ENGLAND	Tel	
DX number	DX exchange	