

88(2)
Return of Allotment of Shares

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

Company Number

04983669.

Company name in full

Systems	CONTROLS	d Instruments (UK)
	1-11	MITED

	LIMITED						
Shares allotted (including bonus shares):							
	From	То					
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)	0 6 1 2 2 40 0 4						
Class of shares (ordinary or preference etc)	ORD						
Number allotted	l						
Nominal value of each share	b 1						
Amount (if any) paid or due on each share (including any share premium)	<u>L</u> ,						
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	1007,						
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)	CAXM.						

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

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

DX 235 Edinburgh

DX 33050 Cardiff



Form Revised January 2000

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

Shareholder details	Shares and share class allotted		
Name Robert Wors	Class of shares allotted	Number allotted	
address clo the out bakeny, TIPTOL RD	orb		
UK Postcode B. M. 2. S. S. Z.			
Name	Class of shares allotted	Number allotted	
Address	- I anotted	anotted	
	_		
UK Postcode	<u></u>		
Name	Class of shares allotted	Number allotted	
Address	_		
UK Postcode ∟ ∟ ∟ ∟ ∟ ∟			
Name	Class of shares allotted	Number allotted	
Address			
		L	
UK Postcode	<u> </u>		
Name	Class of shares allotted	Number allotted	
Address			
		L	
UK Postcode		<u> </u>	
Please enter the number of continuation sheets (if any) attached to this	form		
Signed of Jill 1 Microstall of D	ate 4/1/20	05	
A director / secretary / administrator / administrative receiver / receiver manager / rec		delete as appropriate	
ase give the name, address, P. J. GREENACRE & CO. LTD. CHARTERED ACCOUNTANTS			

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.

P. J. GRE	ENACRE & CO. LTD.			
	RED ACCOUNTANTS		_	j
THE	OLD BAKERY			
	RD, NEW MILTON			
	NTS. BH25 5SJ	Tel		
TEL/F	AX 01425 618861			
DX number	DX ex	DX exchange		