

Return of Allotment of Shares

Please complete in typescript, or in bold black capitals. CHFP000

Company Number

5107898

Company name in full

ACTIVE	8	CARE	LTD
<u></u>			

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)	1180142101015							
Class of shares (ordinary or preference etc)	ORD							
Number allotted	199							
Nominal value of each share	夫1.00							
Amount (if any) paid or due on each share (including any share premium)	£1.00							
List the names and addresses of the allo	ttees and the number of shares all	lotted 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)								



COMPANIES HOUSE Form revised January 2000 ge

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

Shareholder details	Shares and share	class allotted
Name Mr. ANDREW THOMPSON	Class of shares allotted	Number allotted
Address 28 NORFOLK RD	ORD	99
LYTHAM ST. ANNES UK Postcode F. J. E. L4 J. G		L
MRS FIONA TAYLOR THOMPSON	Class of shares allotted	Number allotted
Address 28 NORFOLK RD	ORD	100
LYTHAM ST. ANNES UK Postcode EY & 4JG		L
Name	Class of shares allotted	Number allotted
Address	_	L
UK Postcode	_	L
Name	Class of shares allotted	Number allotted
Address	_	L
UK Postcode		L
Name	Class of shares allotted	Number allotted
Address		
UK Postcode		L
Please enter the number of continuation sheets (if any) attached to this	s form	
Signed Thompson D A director / secretary / administrator / administrative receiver / receiver manager / receiver	ate 18. 4. 200	lelete as appropriate
Please give the name, address,	. 15100	
telephone number and, if available, a DX number and Exchange of the person Companies House should		
contact if there is any query.	Tel	

DX number

DX exchange