

## 88(2)

Starm.	Return of Allotment of Shares		
CHFP096			
Company Number	5638301		
Company Name in full	PROTITE SECURITY LIMITED		
Shares allotted (including bo	onus shares):		
, J	, From To		
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  O   1   2   2   0   5   1   1   1   1   1   1   1   1   1		
Class of shares (ordinary or preference etc)	HURDINARY		
Number allotted	99		
Nominal value of each share			
Amount (if any) paid or due on ea share (including any share premium)	1ch 99		
List the names and addressed	of the allottees and the number of shares allotted to each overleaf		
If the allotted shares are fully	y or partly paid up otherwise than in cash please state:		
% that each share is to be treated as paid up	100%,		
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, 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 all	
Name ERJAN MUSTAF	A.	Class of shares allotted	Num allot
	ROAL	fiordinary	99
WALSALL			
UKI	Postcode WS664Q.		L
Name		Class of shares allotted	Number allotted
Address			
			L
		<u></u>	<u></u>
UK F	Postcode	ļ	L
Name		Class of shares alfotted	Number affotted
Address			
L			
L		<u> </u>	L
UK F	Postcode		L
Name		Class of shares allotted	Number allotted
Address			
UK F	Postcode		<u> </u>
Name		Class of shares	Number allotted
Address		, anoted	anotted
, 100, 550			
			L
UKF	Postcode		
Please enter the number of continua	tion sheet(s) (if any) attached to this	form	•
Signed Signed		ate 6/3/200	) (,
A director / secretary /administrator / administrator /			ete as appropriate
Please give the name, address,			
telephone number and, if available, a DX number and Exchange of the			<del> </del>
person Companies House should			
contact if there is any query.		Tel	
	DX number DX exchange		