

## 88(2)

## **Return of Allotment of Shares**

Please compl or in bold bla	lete in typescript, ck capitals.						
CHFP010	<b>Company Number</b>	5788201					
(	Company Name in full	London & Regional (Health Clubs) Limited					
				<u></u>			
Shares allo	tted (including bonus s	hares):					
		From		То			
were allotted	during which shares otted on one date enter that box)	Day Month Yes	ar	Day I	Month	Year	
Class of share (ordinary or prefer		A ordinary					
Number allotte	ed	7,489	. <u></u> .				
Nominal value	e of each share	£1.00					
Amount (if any) paid or due on each share (including any share premium)		£1.00					
List the name	es and addresses of the allot	ttees and the number of s	shares allotted t	o each ove	erleaf		
If the allotte	ed shares are fully or pa	artly paid up otherwi	se than in cas	sh please	state:		
% that each sh paid up	nare is to be treated as						
Consideration were allotted	for which the shares						
(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 com the Registrar of Com	-	igned the	form se	end it to	



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 DX 235 Edinburgh For companies registered in Scotland

## Names and addresses of the allottees (List joint share allotments consecutively) 5788201

Shareholder details		Shares and share class allotted			
Name		iss of shares allotted	Number allotted		
London & Regional Investment Hol Limited	dings	ordinary	7,489		
Address 4th Floor, St Alphage House, 2 F Street , LONDON	ore				
UK postcode EC2Y 5DH	_				
Name	Cla	ss of shares allotted	Number allotted		
Address					
		<del></del>			
UK postcode	_				
Name	Cla	ss of shares allotted	Number allotted		
Address					
UK postcode					
Name	— Cla	iss of shares allotted	Number allotted		
			-		
Address					
	1				
UK postcode					
Please enter the number of co	tinuation sheets (if any	attached to this form	0		
Signed AZZ	,		28.4.0E		
A director / secretary / administrator / administ	rative receiver / receiver ma				
Please give the name, address, telephone	UHY City Registr	ars , 4th Floor,	St Alphage House,		
number and, if available, a DX number and Exchange of the person Companies House should contact if there is any query.	2 Fore Street, I	ondon, EC2Y 5DH			
should contact if there is any query.		<b>Tel</b> Fax: 020 7628	3069		
BLUEPRINT	DX number	DX exchange			