

Please complete in typescript, or in bold black capitals CHFP029

88(2)

Return of Allotment of Shares

Company Number	6015206	
Company Name in full	The Storage Pod plc	

		-			
<u> </u>					
Shares alloted (including bonus sh	nares)				
	From		То		
Date or period during which shares were alloted	Day Month Y	ear	Day Mo	onth Year	
files were allotted on one date enter that date in the "from" box)	21311020	71017			
Class of shares (ordinary or preference etc)	Ordinary				
Number allotted	15,050				
Nominal value of each share	£010				
Amount (If any) paid or due on each share (including any share premium)	9 169435				
List the names and addresses of the	allottees and the numb	er of shares a	llotted to	each overleaf	
If the aliotted shares are fully or pa	rtly paid up otherwise	e than ın casl	n please s	tate	
% that each share is to be treated as paid up			T		
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 to writing!		· · · · · · · · · · · · · · · · · · ·			





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27/10/2007 **COMPANIES HOUSE** rou have completed and signed the form send it to jistrar of Companies at

es House, Crown Way, Cardiff CF14 3UZ anies registered in England and Wales DX 33050 Cardiff

es House, 37 Castle Terrace, Edinburgh EH1 2EB DX 235 anies registered in Scotland Edinburgh

Shareholder details	Shares and share	Shares and share class aliotted		
Name Emma Dodi	Class of shares allotted	Number allotted		
Address 29				
89 Elms Road, London	Ordinary	15,050		
UK Postcode 1S 1W14 L 19	EK	_		
Name	Class of shares allotted	Number allotted		
Address				
UK Postcode LLLL				
Name	Class of shares allotted	Number allotted		
Address				
		- 		
UK Postcode L L L L		_		
Name	Class of shares	Number		
<u> </u>	allotted	allotted		
Address	ļ.	l		
		_		
UK Postcode LLLL		_		
Name	Class of shares	Number allotted		
Address				
L		_		
UK Postcode L.L.L.		_		
	<u>_</u>			
Please enter the number of continuation sheets (if any) atta	ched to this form	{		
	23/10/	/m		
igned	Date	delete as appropriate		
AdirEctor / secretary / admirastrator / administrative receiver / receiver /	Manager / reserver			
Mease give the name, address, elephone number and , if available, DX number and Exchange of the				
berson Companies House should	Tel			
DX number	DX exchange			
DX number	DV avoigniño			