

Please complete in typescript, or in bold black capitals CHFP029

88(2)

Return of Allotment of Shares

CHFP029	<u></u>			
Company Number	6015206			
Company Name in full	The Storage Pod plc			
Shares alloted (including bon	nus shares)			
Date or period during which shares were allotted (If shares were allotted on one date enter that date in the "from" box)	From To Day Month Year Day Month 2 3 1 0 2 0 0 7	Year		
Class of shares (ordinary or preference etc)	Ordinary			
Number allotted	49,900			
Nominal value of each share	£ 0 10			
Amount (if any) paid or due on each share (including any share premium)	ach 27 13427			
List the names and addresses of	of the allottees and the number of shares allotted to each over	erleaf		
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 perticulars on Form 88(3) if the contract is not in writing)				





A07 27/10/2007 COMPANIES HOUSE

ou have completed and signed the form send it to istrar 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

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

Shareholder deta	uls	Shares and share	class allotted
Name ABN AMBRO BANK N V		Class of shares allotted	Number allotted
Address 250 Bishopsgate, London		Ordinary	49,900
UK Postco	de (EC2 (M 4 A A		
Name		Class of shares allotted	Number allotted
Address			
		_	
UK Postco	de <u>i </u>		
Name		Class of shares allotted	Number allotted
Address			L
			. L.
	de LLLL LLL		
Name		Ctass of shares allotted	Number allotted
Address].	
UK Postco	de LLLL LLL	L	
Name		Class of shares allotted	Number allotted
Address			
L			
UK Postco	ode LLLL LLL		
Please enter the number of continuation	sheets (if any) attached to	this form	
igned Supplied	the receiver / receiver manager / r	Date 23/10/1	olete as appropriate
		1 10000	
tease give the name, address, elephone number and , if available, DX number and Exchange of the			
person Companies House should contact if there is any query		Tel	<u> </u>
	X number	DX exchange	,