

Package: 'Laserform'
by Laserform International Ltd.

88(2)

Return of Allotment of Shares

Please complete in typescript,
or in bold black capitals.

CHFP025

Company Number

139876

Company name in full

E & E Limited

Shares allotted (including bonus shares):

Date or period during which shares were allotted <small>(If shares were allotted on one date enter that date in the "from" box)</small>	From	To
	Day Month Year	Day Month Year
	24 10 2002	

Class of shares
(ordinary or preference etc)

ORDINARY		
24,200,000		
£1.00		
£1.00		

Number allotted

Nominal value of each share

Amount (if any) paid or due on each
share (including any share premium)

List the names and addresses of the allottees and the number of shares allotted 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

100%		
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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 please 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



A19
COMPANIES HOUSE
COMPANIES HOUSE
0708
15/11/02
06/11/02

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

Shareholder details		Shares and share class allotted	
Name <u>Ellis & Everard (UK Holdings) Limited</u> Address <u>46 Peckover Street Bradford West Yorkshire</u> UK Postcode <u>B D 1 5 B D</u>		Class of shares allotted <u>Ordinary</u>	Number allotted <u>24200000</u>
Name Address UK Postcode <u> </u>		Class of shares allotted 	Number allotted
Name Address UK Postcode <u> </u>		Class of shares allotted 	Number allotted
Name Address UK Postcode <u> </u>		Class of shares allotted 	Number allotted

Please enter the number of continuation sheets (if any) attached to this form

Signed

SB Suddards

Date

1/November/02

A director / secretary / administrator / administrative receiver / receiver manager / receiver

Please delete as appropriate

Please give the name, address,

Hammond Suddards Edge