

for the record

Return of Allotment of Shares

Please complete in typescript, or in bold black capitals. CHWP000

Company	١	lum	ber
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623364

Company na	ame in	full
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TOWN CENTRE SECURITIES PLC	

Shares allotted (including bonus shares):

Date or period during which shares were allotted (If shares were allotted on one date enter that date in the "from" box)

	From	1		T	Ю
Day	Month	Year	Day	Month	Year
0 2	0 6 2	2 0 0 3	1		

Class of shares (ordinary or preference etc)

Number allotted

Nominal value of each share

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

ORDINARY	
550	
25p	

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
tre	eated	as p	aid up			

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)

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When you have completed and signed the form send it to the Registrar of Companies at:

Companies House, Crown Way, Cardiff CF14 3UZ For companies registered in England and Wales

DX 33050 Cardiff

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	Shares and share class allotted		
Name STUART CHADWICK	Class of shares allotted	Number allotted		
Address 11 WALMSLEY AVENUE	ORDINARY	550		
SMITHYBRIDGE, LITTLEBOROUGH		. L		
UK Postcode O L 1 5 0 D Z				
Name	Class of shares allotted	Number allotted		
Address				
UK Postcode	L	. L		
Name	Class of shares allotted	Number allotted		
Address				
UK Postcode				
Name	Class of shares allotted	Number allotted		
Address				
L				
L				
UK Postcode		L		
Name	Class of shares allotted	Number allotted		
Address				
UK Postcode L L L L L L				
Please enter the number of continuation sheets (if any) attached to the	nis form	T 341		
(H. Cutto.	2~ h - 9	1003,		
A director / secretary / administrator / administrative receiver / receiver manager / r	Date	delete as appropriate		
Please give the name, address,				
telephone number and, if available,				
a DX number and Exchange of the person Companies House should				
contact if there is any query.	Tel			
DX number	DX exchange			