

88(2) Return of Allotment of Shares

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

CHWP000	•
Company	Number

Company name in full

TOWN CENTRE SECURITIES PLC

Shares allotted (including bonus shares):							
	From		То				
Date or period during which shares were allotted	Day Month	Day Month Year Day Month Ye		Year			
(If shares were allotted on one date enter that date in the "from" box)	0 9 0 9 2	0 0 4					
Class of shares (ordinary or preference etc)	ORDINARY						
Number allotted	521						
Nominal value of each share	25p						
Amount (if any) paid or due on each share (including any share premium)	h 103.5p						
List the names and addresses of the	allottees and the number o	of shares allo	tted to each overl	eaf			
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 particulars on Form 88(3) if the contract is not in writing)							

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



Form revised 10/03

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

Companies House, 37 Castle Terrace, Edinburgh EH1 2EB For companies registered in Scotland DX 2

DX 235 Edinburgh or LP - 4 Edinburgh 2

DX 33050 Cardiff

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

Shareholder details		Shares and share	class allotted	
Name Mr Robert Cocker		Class of shares allotted	Number allotted	
Address 9 Broadhurst Road		Ordinary	521	
Thornton, Celveleys			1	
UK P	ostcode FY5 3 HR			
Name		Class of shares allotted	Number allotted	
Address		_		
		_		
UK P	ostcode	L	L	
Name .		Class of shares allotted	Number allotted	
Address				
UK P	ostcode	L		
Name		Class of shares allotted	Number allotted	
Address				
	<u> </u>			
UK F	Postcode			
Name		Class of shares allotted	Number allotted	
Address				
	· · · · · · · · · · · · · · · · · · ·	L		
UK F	Postcode			
Please enter the number of continu	uation sheets (if any) attached to thi	s form		
igned Du Suu	de .	Date 2 09 2	200	
A director / secretary / administrator / ad	dministrative receiver / receiver manager / re	ceiver	delete as appropriate	
ou do not have to give any contact				
nformation in the box opposite but f you do, it will help Companies				
louse to contact you if there is a				
juery on the form. The contact nformation that you give will be	, -11-T000-070-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	Tel	·	
visible to searchers of the public	DX number DX exchange			

record.