

Return of Allotment of Shares

Please complete in typescript, or in bold black capitals. CHFP000

Company Number

01665150

o o p u y			
Company name in full	AVID BAILTY FURNITURE SYSTEMS		
	LIMITES		
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 To Day Month Year Day Month Year O 1 0 4 2 0 0 0		
Class of shares (ordinary or preference etc)	ORDINARY		
Number allotted	132		
Nominal value of each share	£1/00 £1/00		
Amount (if any) paid or due on each share (including any share premium)	ch £1/00		
List the names and addresses of the	he allottees and the number of shares allotted to each overleaf		
If the allotted shares are fully	y 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 January 2000

15/12/00

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

Shareholder details	Shares and share class allotted	
Name IR EVOR GILLMAN	Class of shares allotted	Number allotted
Address Cond Character Cond Character Cond	085111411	120
12 BRENTWOOD COURT, SIMPLEMARSH ROAD	ORDINARY	132
ADDLESTONE SURREY		L
UK Postcode KILS L&G		
Name	Class of shares allotted	Number allotted
Address		
1		1
UK Postcode		L
Name	Class of shares allotted	Number allotted
Address		
		<u> </u>
UK Postcode		L
Name	Class of shares allotted	Number allotted
Address		
		L
UK Postcode		
Name	Class of shares allotted	Number allotted
Address		
	1	L
	<u> </u>	L
UK Postcode		L
Please enter the number of continuation sheets (if any) attached to this	form	
V		
Signed Da	te <u>3-8-20</u>	>0O
A director / secretary / administrator / administrative receiver / receiver manager / rece	iver Please d	elete as appropriate
Please give the name, address,	WESTON	
telephone number and, if available, a DX number and Exchange of the		
	Tel	

DX number

DX exchange