

**Return of Allotment of Shares** 

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

**Company Number** 

2670617	
WPP GROUP (UIL) LIMITED	

Company name in full	WPP GROUP (UIL)-LIW	WPP GROUP (UIL) -LIMINES				
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  Day Month Year $09062000$	To  Day Month Year				
Class of shares (ordinary or preference etc)	ORDINARY					
Number allotted	(					
Nominal value of each share	E1.00					
Amount (if any) paid or due on each share (including any share premium)	ch £72,051,574					
List the names and addresses of the	he allottees and the number of shares allot	ted 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						
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)						
	340 1 377					

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

DX 33050 Cardiff

DX 235

Edinburgh



Companies House, 37 Castle Terrace, Edinburgh EH1 2EB

Companies House, Crown Way, Cardiff CF14 3UZ

For companies registered in England and Wales

For companies registered in Scotland

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

Shareholder details		Shares and share class allotted	
Name WPP GROUP PLC		Class of shares allotted	Number allotted
Address 27 FARM STRE	<u> </u>	DROWARY	
	stcode WIX 6RD		1
Name		Class of shares allotted	Number allotted
Address		-	
L			L
UK Po	stcode	L	
Name		Class of shares allotted	Number allotted
Address	4.00		
			L
UK Pos	stcode		L
Name		Class of shares allotted	Number allotted
Address			
UK Pos	stcode		
Name		Class of shares allotted	Number allotted
Address	-		
			<u> </u>
UK Pos	stcode		L
Please enter the number of continual	tion sheets (if any) attached to this	form	
Signed	) Not = Da	te 31-10-00	
A director / secretary / administrator / admi	inistrative receiver / receiver manager / rece	iver Please de	elete as appropriate
Please give the name, address, elephone 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	