| CORPORATE AFFAIRS COMMISSION | |
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| LAC SECOND 185148 | |
| FORM CAC 2 | |
| Pursuant to Section 35 Men 12 On tale of the state of the | |
| TOUT WORK THE PROPERTY OF THE | |
| Company Number | |
| Commissionel of Stamp Duties Keja | |
| Company Name CINTOJON COMPANY COMPANY | |
| aission | |
| A. STATEMENT OF SHARE CAPITAL | |
| THE NOMINAL SHARE CAPITAL OF THE BOVE NAMED COMPANYAMS: Audit 12101966 | |
| ONE MULION NATRA SIgniDate | |
| AMOUNT IN WORDS | |
| DIVIDED INTO 1,000,000 OF N 1-00 EACH | |
| b. RETURN OF ALLOTMEND OF AND ARESTRUMENT IS IN THE | |
| Number of shares allotted payable in cash: STAME DUTIES CHARGE CROED WORD OF 10 to | |
| Nominal amount of shares so allotted: HARGE ABORWOOD ORDINATES | |
| Amount paid or due payable of Nach Thate: DUTY THEREON THAT BEEN | |
| ASSESSES TO WELLY 1 | |
| Number of shares allotted for consideration other than: 240 1 (2 | |
| Amount to be treated as paid on each such share: | |
| The consideration for which such shares have been allotted is as follows: | |
| 16 8 321 | |
| Dated this 20th day of July 20 V2 | |
| C. C. C. | 10 |
| JOHFSON CLIMASEM OFFONT -0807 | 4524 |
| Signature of Director & Tel. No. Commissioner of Stamp Duties, Ike ja | |
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| | | | lie: |
|-----------------|-----------------------------------------|-----------------------------|-------|
| NAME AND | ADDRESS OF SHARE HOLDERS | No. of Shares Alloted | Name; |
| Name: | JOHNSON PLUMUSEUM OMONLY! | 0 | 1 |
| Address: | ROUTEA, ROADIN, DON GETAVE | 6 | 1 3 |
| City | OTA State Objun | 12 | B |
| P.O. Box | Email | 9 | Oh. |
| Name: | JOHNSON OLUMATOSIN OMOLARA | P | 20 |
| Address: | ROUGEA, ROBDILL, OGH ESTATE | 200,000 | Sh |
| City | State | 2 | W |
| P.O. Box | OFA Email OGUN | 3 | An a |
| | 00/3 | | • |
| Name: | JOHNSON ERIFEDLUNG OhumBukunm | 2 | V |
| Address: | ROWFA, RODDIY, OGH ESTATE | 37,000 | No. |
| City | OTA State OCOUN | 21 | 101 |
| P.O. Box | Email | 2 | 8 |
| Name: | JOHNSON ANIJOLAGEWAR PLUMAGBEMIGN | | الد |
| Address: | ROUGEA, ROADILL, DGH GSTATE | SON SON | Died |
| Cit | | 50 | 12 |
| City . P.O. Box | State OGUN Email | (2) | (j) |
| 1.0. 601 | S C C C C C C C C C C C C C C C C C C C | 1 6 | |
| Name: | | Parameter in | |
| Address: | | | |
| City . | State | | |
| P.O. Box | Email Email | W 20 1.23 B | |
| Name: | 132 131 | | |
| Address: | | | |
| C | | | - |
| City P.O. Box | State State | | |
| I.O. Bux | Email | | |
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| AND | ADDRESS OF SHARE HOLDERS | | |
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| | | No. of Shares Alloted | Type of Shares |
| Name: | | Anoted | |
| Address: | | | |
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| City | State | / | |
| P.O. Box | Email | | |
| | | | |
| Name: | | | |
| Address: | | | |
| C' | | | |
| City | State | | |
| P.O. Box | Email | | |
| Name: | | | |
| Address: | | | |
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| City | State | | |
| P.O. Box | Email | | |
| Name: | | | |
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| P.O. Box | Email | | |
| | Email Constitute Const | | |
| Name: | ified with the second | | X III |
| Address: | Certification of the second of | | |
| City | State | | |
| P.O. Box | Page Residia | | |
| REGIS | ols all | | |
| a | Joseph - Joseph - Onlinks | | |
| Signature | of Director Name of Director | ctor & Tel. No | |
| | | | |
| Presented fo | r filling by: Accreditation Number: [CAN] | IND/616 | |
| Name: Lak | FAL C. NWAGBO Accreditation Number: [CAN] GERBERT MACAULAY SIR. LAGOS | | |
| Address: 8 | Signature & Date: | 26/7/12 | |
| Tel. No. & I | E-mail: | | |
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