

CORPORATE AFFAIRS COMMISSION

(Established Under The Companies And Allied Matters Act, 1990)

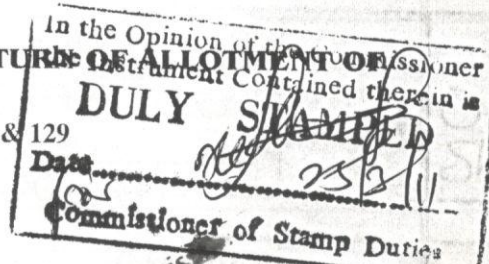
PLOT 420, TIGRIS CRESCENT, OFF AGUIYI IRONSI STREET, MAITAMA - ABUJA



FORM CAC 2

STATEMENT OF SHARE CAPITAL AND RETURN OF ALLOTMENT OF SHARES

Pursuant to Section 35(2)(d) & 129



RC NO.

NAME OF COMPANY

SHARMAGEO NIG LTD

A. STATEMENT OF SHARE CAPITAL

THE NOMINAL SHARE CAPITAL OF THE ABOVE NAMED COMPANY IS:

ONE MILLION SHARE CAPITAL

AMOUNT IN WORDS

DIVIDED INTO

1,000,000

OF N

N 1,000,000

THE WITHIN INSTRUMENT IS IN THE OPINION OF THE COMMISSIONER OF STAMP DUTIES CHARGEABLE WITH DUTY OF ₦ 7502 AND THE DUTY THEREON HAS BEEN ASSESSED ACCORDINGLY.

B. RETURN OF ALLOTMENT OF SHARES

Number of shares allotted payable in cash:

Nominal amount of shares so allotted:

Amount paid or due and payable on each share:

Number of shares allotted for consideration other than cash:

Amount to be treated as paid on each such share:

The consideration for which such shares have been allotted is as follows:

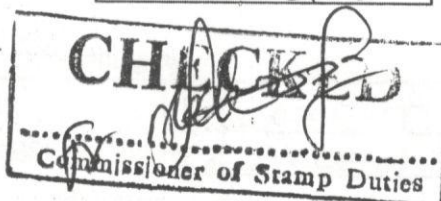


Dated this

31st

day of

March



Director

NAME AND ADDRESS OF SHAREHOLDERS				No. Of Shares Allotted	Type of Shares
1.					
Name:	MARCUS GBENGA BAMISE			500,000	Ordinary Shares
Address:	19, ARANSEOLUWA STREET				
	ALAGBOLE AKUTE				
City:	Akute	State:	OGUN		

2.					
Name:	ADENIKE ABIMBOZA BAMISE			300,000	Ordinary Shares
Address:	19, ARANSEOLUWA STREET				
	ALAGBOLE AKUTE				
City:	Akute	State:	OGUN		

3.					
Name:	OLUWATIMILEHIN GEORGE BAMISE			100,000	Ordinary Shares
Address:	19, ARANSEOLUWA STREET				
	ALAGBOLE AKUTE				
City:	Akute	State:	OGUN		

4.					
Name:	OLUWAFIKUNAYOMI BAMISE			100,000	Ordinary Shares
Address:	19, ARANSEOLUWA STREET				
	ALAGBOLE AKUTE				
City:	Akute	State:	OGUN		

5.					
Name:					
Address:					
City:					

6.					
Name:				<div style="border: 1px solid black; padding: 5px;"> CORPORATE AFFAIRS COMMISSION VERIFICATION 04 APR 2011 APPROVED BY NAME _____ SIGN _____ State: _____ </div>	<div style="border: 1px solid black; padding: 5px;"> Corporate Affairs Commission Certified True Copy 11 MAY 2011 Name: _____ Designation: _____ Signature: _____ </div>
Address:					
City:					

SIGNATURE

Presented for filling by:

(Director) MD/1257/

NAME:	KOLADE T. BABATUNDE	ACCR. NO.	NBA/MD/1257/
ADDRESS:	22 ALLEN AVENUE IKEREM	DATE	31-3-2011
TELEPHONE NO.	08023694015		