

# CORPORATE AFFAIRS COMMISSION



FORM CAC 2

## STATEMENT OF SHARE CAPITAL AND RETURN OF ALLOTMENT

Pursuant to Section 35 & 129 of the Companies Act, 2006

Company Number

Company Name

DULY STAMPED  
Date: 26/04/2012  
Commissioner of Corporate Affairs

### A. STATEMENT OF SHARE CAPITAL

THE NOMINAL SHARE CAPITAL OF THE ABOVE NAMED COMPANY IS:

ONE MILLION NAIRA ONLY	N 1,000,000
AMOUNT IN WORDS	

DIVIDED INTO  OF N  EACH

### 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:

Amount to be treated as paid on each such share:

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

1,000,000
N 1,000,000
N 1.00

Dated this

day of

200

Signature of Director

CHECKED  
Corporate Affairs Commission  
Certified True Copy

ADETAYO ADEYEMI 08050310264

Name of Director & Tel. No.

NAME AND ADDRESS OF SHAREHOLDERS				No. of Shares Allotted	Type of Shares
Name:	ADEYEMI ADETAYO OLUWATOSIN			600,000	Ordinary
Address:	67 AGBOYI ROAD ALAPERE				
City	KETU	State	LAGOS		
P.O. Box		Email	adadefayx@yahoo.com		

Name:	ADEYEMI OMOLOLA TOMILOLA			300,000	Ordinary
Address:	67 AGBOYI ROAD ALAPERE				
City	KETU	State	LAGOS		
P.O. Box		Email			

Name:	OLOWOLAGBA SAYO			100,000	Ordinary
Address:	H OLUWAKEMI STREET ALAPERE				
City	KETU	State	LAGOS		
P.O. Box		Email			

Name:					
Address:					
City		State			
P.O. Box		Email			

Name:					
Address:					
City		State			
P.O. Box		Email			

Name:					
Address:					
City		State			
P.O. Box		Email			

Corporate Affairs Commission  
 Certified True Copy  
 26 JUL 2012

NAME AND ADDRESS OF SHAREHOLDERS				No. of Shares Allotted	Type of Shares
Name:					
Address:					
City		State			
P.O. Box		Email			

Name:					
Address:					
City		State			
P.O. Box		Email			

Name:					
Address:					
City		State			
P.O. Box		Email			

Name:					
Address:					
City		State			
P.O. Box		Email			

Name:					
Address:					
City		State			
P.O. Box		Email			

  
Signature of Director

ADETAO ADEYEMI  
Name of Director & Tel. No.

Presented for filing by:

Name: Azambura N. Chinda Accreditation Number: NBA/INT/17502

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