

for the record

Return of Allotment of Shares

Please complete in typescript, or

in bold black capitals.	
CHWP000	
Company Number	

00148635		
UMECO PLC		

Company Number	00140033						
Company name in full	UMECO PLC						
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 2 2 0 1 2 0 0 8						
Class of shares (ordinary or preference etc)	ORDINARY						
Number allotted	430						
Nominal value of each share	25P						
Amount (if any) paid or due on ea share (including any share premium)	ch £2 62612						
List the names and addresses of ti	he allottees and the number of shares allotted 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)							

When you have completed and signed the form send it to the Registrar of Companies at: DX 33050 Cardiff Companies House, Crown Way, Cardiff CF14 3UZ For companies registered in England and Wales

> Companies House, 37 Castle Terrace, Edinburgh EH1 2EB For companies registered in Scotland

DX 235 Edinburgh



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

Shareholder details		Shares and share class allotted		
Name MR GEOFFREY ROBERT PEACH		Class of shares allotted	Number allotted	
Address 1 QUEENS DRIVE, LITTLEOVER, DERB	Υ	ORDINARY	430	
UK Post	code DE236DU		<u> </u>	
Name		Class of shares allotted	Number allotted	
Address		_		
UK Post	code L L L L L L		<u> </u>	
Name		Class of shares allotted	Number allotted	
Address				
UK Post	code <u> </u>		L	
Name		Class of shares allotted	Number allotted	
Address		_		
UK Post	code LLLLLL		L	
Name		Class of shares allotted	Number allotted	
Address			<u> </u>	
UK Post	code			
Please enter the number of continuati	on sheets (if any) attached to thi	s form		
Signed New Ilon	ers	Date 2)71108		
A director / secretary / administrator / admin	istrative receiver / receiver manager / re	ceiver Please	delete 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	<u> </u>	
	DX number	DX exchange		