CHFPO83		Return of Allotment of Share				
Company Number	1047315 Glaxo Wellcome plc.					
Company name in full						
Shares allotted (including bonu	ıs shares):	Page 1 of	1			
Date or period during which shares were allotted (If shares were allotted on one date enter that date in the "from" box.)	Fro Day Month 02 08	year 2000	To Day Month Year			
Class of shares (ordinary or preference etc)	Ordinary	Ordinary	Ordinary			
Number allotted	103	30	547			
Nominal value of each share	£0.25	£0.25	£0.25			
Amount (if any) paid or due on each share (including any share premium)	£10.20	£14.29	£7.12			
List the names and addresses of	the allottees and the nu	mber of shares a	allotted to each overleaf			
If the allotted shares are fully o	or partly paid up other	wise than in ca	sh 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.)						



the Registrar of Companies at:

DX235

Edinburgh

Companies House, Crown Way, Cardiff CF14 3UZ DX 33050 Cardiff For companies registered in England and Wales

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

Names and addresses of the allottees	(List joint share allotments consecutively)
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Shareholder details		Shares and share	class allotte
Name Carol Hazel Robins		Class of shares allotted	Number allotted
Address Elmroyd, 60 Widmore Road, I	Bromley, Kent.	Ordinary	133
			L
UK Postcod	de BR1 3BD	<u> </u>	
Name Penelope Jane Mcphillips		Class of shares allotted	Number allotted
Address Enville, Hedgerley Hill, Hedge	rley, Bucks.	Ordinary	547
UK Pos	tcode SL2 3RL	Class of shares	Number
Address		allotted	allotted
		_	
UK Pos	tcode	Class of shares	 Number
]		allotted	allotted
Address			
			1
	stcode _ _ _ _ _ _		<u> </u>
Name (Address		Class of shares allotted	Number allotted
Address			L
			was and a sale to the first the sale of th
/1	tcode		
ned A	nuation sheet(s) (if any) attached to t	Date 47, 18/10/03	
director / secretary / administrator / administr	rative receiver / receiver manager / receiver	Pleáse delet	e as appropriate
ase give the name, address, phone number and, if available,			
X number and Exchange of the son Companies House should			
act if there is any query.			