

Return of Allotment of Shares

CHFP000					
Company Number	2768778				
Company name in full	ROWAN a COMPANY INJESTMENT MANAGEMENT LTD				
Shares allotted (including bor					
Shares anotted (including bor	ius siiaies).				
	From To				
Date or period during which	Day Month Year Day Month Year				
shares were allotted (If shares were allotted on one date enter that date in the "from" box.	11701911919				
Class of shares (ordinary or preference etc)	ORDINARY 'B'				
Number allotted	175.000				
Nominal value of each share	£1				
Amount (if any) paid or due on each share (including any share premium)	ti £1				
List the names and addresses of th	e 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					
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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)					



A45 COMPANIES HOUSE

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When you have completed and signed the form send it to the Registrar of Companies at:

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**

DX 33050 Cardiff

Names and addresses of the allottees	(List joint share allotments consecutively)
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Shareholder details		Shares and share class allotted	
Name L FARLAKE GROUP		Class of shares allotted	Number allotted
Address 16-17 6LD Boso STA	REE 7	LOROWARY 'B'	175,000
Ватн		_	L
UK Pos	tcode BA1_1BP		
Name		Class of shares allotted	Number allotted
Address			
<u> </u>		_	<u></u>
UK Pos	tcode		
Name		Class of shares allotted	Number allotted
Address		<u>- </u>	
<u> </u>			L
UK Pos	tcode L L L L L L L		L
Name		Class of shares allotted	Number allotted
Address		_	
L		_	L
UK Pos	tcode		L
Name		Class of shares allotted	Number allotted
Address		_	
	<u> </u>	_	L
UK Pos	tcode		<u> </u>
Please enter the number of continuati	on sheet(s) (if any) attached to t	his form O	
signed Grace F. Horton	[Date 25.1.000	
A director / secretary / administrator / admin	nistrative receiver / receiver manager / re	ceiver. Please o	lelete as appropriate
Please give the name, address, elephone number and, if available,	GRACE HORTON		
a DX number and Exchange of the person Companies House should contact if there is any query.	16-17 OLD BOND ST		BP
and the more to driv query.			469434
	DX number	DX exchange	