

## **Return of Allotment of Shares**

CHFP000

Company Number	2984129		
Company name in full	GOITRE TOWER ANTHRACITE LIMITED		
Shares allotted (including bor	nus shares):		
	From	То	
Date or period during which shares were allotted (If shares were allotted on one date enter that date in the "from" box.	Day Month Year	Day Month Year	
Class of shares (ordinary or preference etc)	ORDINARY "H"		
Number allotted	11,200		
Nominal value of each share	£1		
Amount (if any) paid or due on eac share (including any share premium)	th #40,000		
List the names and addresses of the	e allottees and the number of shares allott	ed 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 the Registrar of Companies at:	signed the form send it to	

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

DX 33050 Cardiff

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

DX 235 **Edinburgh** 

Shareholder details		Shares and share	Shares and share class allotted	
Name STUART COHN TOWER		Class of shares allotted	Number allotted	
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	WAUN,	DEDINARY	2,240	
L ABERDACE UK Pos		L	L	
Name PAUL ANTHONY COM	EY	Class of shares allotted	Number allotted	
Address FOWARD STREET	τ,	ORDINARY	2,240	
MARRY UK Pos	itcode			
Name PAUL SPECK		Class of shares allotted	Number allotted	
Address 2, FLM GROVE, A	lirwaux,	ORDINARY	2,240	
UK Pos	tcode		L	
Name JULIAN T	MAN	Class of shares allotted	Number allotted	
79. BRYNTWYN, CYM	MER,	DROWARY	2,240	
UK Pos	tcode L L L L L			
Name ROVALD CRAIG REES		Class of shares allotted	Number allotted	
Address 6, PARK CRESCENT, TREMARRIS		DROWARY	2240	
UK Pos	tcode <u>L</u> LLLL			
Please enter the number of continuat	ion sheet(s) (if any) attach	ed to this form	· · · · · · · · · · · · · · · · · · ·	
A director / secretary / administrator / admin	<del>nistrat</del> ive re <del>ceiver</del> / r <del>eceiver mand</del>	Date 12 October	2005 lelete 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		
	DX number	DX exchange		