

Return of Allotment of Shares

Please complete in typescript, or in bold black capitals. CHWP000

Company Number

3020385

Company name in full

RESCAT	MANKETINO-	7	Puscisla NG-	L174/760	
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Shares allotted (including bonus shares):							
onaies anotted (including bonds si	•		- -				
Date or period during which shares were allotted (If shares were allotted on one date enter that date in the "from" box)	From Day Month Y		To Month Year				
Class of shares (ordinary or preference etc)	GALDWART						
Number allotted	91290						
Nominal value of each share	大1.00						
Amount (if any) paid or due on each share (including any share premium)							
List the names and addresses of the allot	tees and the number of s	shares allotted to ea	ach overleaf				
If the allotted shares are fully or pa	rtly paid up otherwis	se than in cash p	olease state:				
% that each share is to be treated as paid up	100 %						
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)	DIST INTO S	MANEZ					

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

DX 33050 Cardiff

DX 235

A05 COMPANIES HOUSE 13/03/02

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 Edinburgh

Form Revised January 2000

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

Shareholder details	Shares and share class allotted				
Name	Class of shares allotted	Number allotted			
Address	ORDERAND	91,290			
UK Postcode					
Name	Class of shares allotted	Number allotted			
Address		:			
UK Postcode L L L L L		<u> </u>			
Name	Class of shares allotted	Number allotted			
Address					
UK Postcode					
Name	Class of shares allotted	Number allotted			
Address					
UK Postcode					
Name	Class of shares allotted	Number allotted			
Address					
UK Postcode					
Please enter the number of continuation sheets (if any) attached to this	form				
	te	cc Z			
A director / secretary / administrator / administrative receiver / receiver manager / rece		delete as appropriate			
Please give the name, address, telephone number and, if available, a DX number and Exchange of the person Companies House should VNI 6 THATCHAM BUSINGS VI					
person Companies House should contact if there is any query. Continue Canal There is any query Continue Canal There is any query					