

Return of Allotment of Shares

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

Company Number	3327360			
Company name in full	GLADSTONE 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 8 0 2 2 0 0 6			
Class of shares (ordinary or preference etc)	ORDINARY			
Number allotted	5000			
Nominal value of each share	£0.01			
Amount (if any) paid or due on each share (including any share premium)	ch			
List the names and addresses of th	ne 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:

A34 COMPANIES HOUSE 04/03/2006 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)

Shareholder details		Shares and share class allotted	
Name P H NOMINEES LIMITED		Class of shares allotted	Number allotted
Address PARTICIPANT ID 546 MEMBER ACCOU	JNT PECLT	ORDINARY	5,000
ONE OLIVER'S YARD, CITY ROAD, LONDON			
UK Post	tcode EC1Y1HQ	L	<u> </u>
Name		Class of shares allotted	Number allotted
Address			
			<u> </u>
UK Post	code LLLLLL		<u> </u>
Name		Class of shares allotted	Number allotted
Address			
		_	
UK Post	code LLLLLL		
Name		Class of shares allotted	Number allotted
Address			
L			
UK Post	code		
Name		Class of shares allotted	Number allotted
Address			
		_	
UK Post	code	L	L
Please enter the number of continuati	on sheets (if any) attached to this	form	
Signed Sauls	D:	ate 02 03 06	
A director/secretary / administrator / admin	istrative receiver / receiver manager / rec	eiver Please	delete as appropriate
Please give the name, address, telephone 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	