88(2)
Return of Allotment of Shares

Package: 'Laserform' by Laserform International Ltd.

Please complete in typescript, or in bold black capitals.

CHIFP025

Company Number

3459808	
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Company name in full

CAMBRIDGE DRUG DISCOVERY HOLDINGS LIMITED

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)

110	10
Day Month Year	Day Month Year
18052001	

Class of shares (ordinary or preference etc.)

Number allotted

Nominal value of each share

Amount (if any) paid or due on each share (including any share premium)

B Ordinary Shares	Ordinary Shares		
5772	641		
£1	£1		
£74.85	£74.85		

List the names and addresses of the 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)

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

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 de	etails	Shares and share class aliotted			
Name		Class of shares	Number		
mHoldings Trust		aliotted	allotted		
Address					
75 Sydney Street, Cambridge,	Massachusetts 02139, USA	Ordinary Shares	641		
<u> </u>		B Ordinary Shares	,5772		
UK Po	stcode _ L L L L L L	<u> </u>			
Name		Class of shares Number allotted allotted			
Address					
		1			
	stcode LLLLLLL	L	·		
Name		Class of shares Number allotted allotted			
Address					
UK Po	stcode L L L L L				
Name		Class of shares Number allotted allotted			
Address					
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UK Po	stcode LLLL				
Name		Class of shares Numb allotted allotte			
Address					
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UK Po	stcode LLLLL		t		
Please enter the number of continua	ition sheets (if any) attached to this f	iorm			
C C C C C C C C C C C C C C C C C C C	more production to this t	15une 2001			
Signed	Date	·			
A director / coordinary / administrator / adm	rinistrative ressiver / receiver manager / resei	Please del	ete as appropriate		
Please give the name, address, telephone number and, if available,	Mr Toby Wright				
a DX number and Exchange of the person Companies House should	Weil, Gotshal & Manges, One South Place, London				
contact if there is any query.	EC2M 2WG	Tel 020 7903	1362		
Laserform informational 02/00	DX number Ref: 273265	DX exchange			

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