

## 88(2) Return of Allotment of Shares

Please complete in typescript, or in bold black capitals. CHFP000

CHFP000 Company Number	365 6605			
Company name in full				
Company name in fun	BIOPHARM SERVICES LIMITED			
Shares allotted (including bonus shares):				
	From To			
Date or period during which shares were allotted	Day Month Year Day Month Year			
(If shares were allotted on one date enter that date in the "from" box)	2120122101011			
Class of shares (ordinary or preference etc)	"C" ORDINARY SCHARCES			
Number allotted	lo			
Nominal value of each share	£ 1.0			
Amount (if any) paid or due on each share (including any share premium)	th £.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				
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:				



COMPANIES HOUSE

0535 12/04/01 e arge 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

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

Shareholder details		Shares and share	Shares and share class allotted	
Name ANTHONY BRADS	САН	Class of shares allotted	Number allotted	
Address  1 26 A SLIMER ROPYO  LONDON		C ORDINARY	. 10	
UK Post	code W12_94Q		L	
Name		Class of shares allotted	Number allotted	
Address			L	
UK Post	code LLLLLL	L	L	
Name		Class of shares allotted	Number allotted	
Address			<u></u>	
UK Post	code		L	
Name		Class of shares allotted	Number allotted	
Address			L	
UK Post	code L L L L L L		L	
Name		Class of shares allotted	Number allotted	
Address			<b>L</b>	
UK Post	code L L L L L L		L	
Please enter the number of continuati		his form		
(2N)		Date 9 July 10)		
director secretary / administrator / admin	istrative receiver / receiver manager /		lelete 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		