

Return of Allotment of Shares

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

Company Number

3078346

Company Number	0010040			
Company name in full	FFASTFILL PLC			
Shares allotted (including bo	nus 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 4 0 7 2 0 0 3			
Class of shares (ordinary or preference etc)	ORDINARY			
Number allotted	15000000			
Nominal value of each share	£0.01p			
Amount (if any) paid or due on each share (including any share premium)	ch 5p			
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:			

Companies House, Crown Way, Cardiff CF14 3UZ

DX 33050 Cardiff

For companies registered in England and Wales

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 class allotted		
Name P H NOMINEES LIMITED	Class of shares allotted	Number allotted	
Address PARTICIPANT ID 546 MEMBER ACCOUNT PECLT	ORDINARY	15000000	
CAPSTAN HSE, ONE CLOVE CRESCENT, EAST INDIA DOCK, LONDON			
UK Postcode E 1 4 _ 2 B H			
Name	Class of shares allotted	Number allotted	
Address			
UK Postcode			
Name	Class of shares allotted	Number allotted	
Address			
		<u> </u>	
UK Postcode			
Name	Class of shares allotted	Number allotted	
Address			
UK Postcode			
Name	Class of shares allotted	Number allotted	
Address			
	L		
UK Postcode		t	
Please enter the number of continuation sheets (if any) attached to this fo	orm		
Signed Date	12/8/03		
A director / secretary / administrative receiver / receiver manager / receiver 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.

CR HARRISON					
10 ARTHU	IR STREET				
MODIN	ECGR GAY	Tel	020 7665 8900		
DX number	DX exchange				