

88(2)
Return of Allotment of Shares

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

Company Number

3978346

Company name in full

FFASTFILL.	

Shares allotted (including bonus shares):					
	From	То			
Date or period during which shares were allotted (If shares were allotted on one date enter that date in the "from" box)	Day Month Yea	ar Day Month Year			
	2,6 0,8 .2 0	2 3			
Class of shares (ordinary or preference etc)	ORDIVALY.				
Number allotted	250000.				
Nominal value of each share	I pence.				
Amount (if any) paid or due on each share (including any share premium)	ipence.				
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)					



A39
COMPANIES HOUSE
A25
COMPANIES HOUSE

0580 03/09/03 0178

0178 22/08/03 When you have completed and signed the form 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

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

Shareholder details		Shares and share class allotted	
Name Tom Chlad	a_	Class of shares allotted	Number allotted
Address 3948 Grove. Western Spring	<u> </u>	DAD: MOONS	25000 3
14 60558.			
USA UK.PO	stoode	t	
Name		Class of shares allotted	Number allotted
Address			
L			
UK Po	stcode	I	
Name		Class of shares allotted	Number allotted
Address			
UK Po	stcode	L	L
Name		Class of shares allotted	Number allotted
Address			
			L
UK Po:	stcode	L	
Name		Class of shares allotted	Number allotted
Address			
		1	L
UK Po	stcode L L L L L L	L	
Please enter the number of continua	tion sheets (if any) attached to this fo	orm	
Signed Alfamore	Dat	21/0/02	
- 000	inistrative receiver / receiver manager / receiv		elete as appropriate
Please give the name, address, elephone number and, if available,			
DX number and Exchange of the		63 h	· · · ·
person Companies House should contact if there is any query.		Tel	
	DX number	DX exchange	T-loo