

88(2)
Return of Allotment of Shares

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

Company name in full

3978346	
FFASTFILL PLC.	

Shares allotted (including bor	nus shares):
	From To
Date or period during which shares were allotted (If shares were allotted on one date enter that date in the "from" box)	Day Month Year Day Month Year
Class of shares (ordinary or preference etc)	ORDINARY.
Number allotted	250,000.
Nominal value of each share	25.01
Amount (if any) paid or due on ea share (including any share premium)	ch 2500 .
List the names and addresses of t	he 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

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



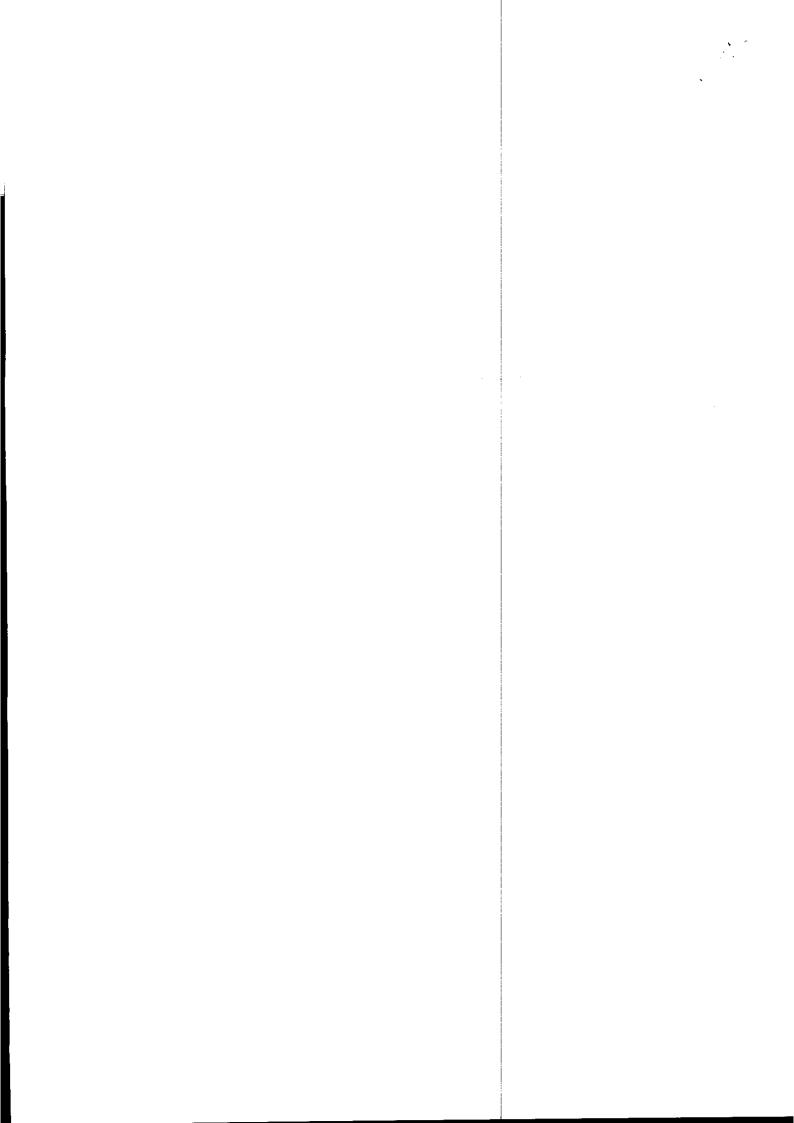
A15 COMPANIES HOUSE

0123 23/09/03 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 33050 Cardiff

DX 235 Edinburgh



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

•	Shareholder deta	ils	Shares and share	class allotted
Name	Themis Zincolis		Class of shares allotted	Number allotted
Address	8 Cranhurst Road London.		ORDUALY.	250000.
	UK Postco	de NU2 _ 4_LN.		L
Name			Class of shares allotted	Number allotted
Address			_	L
	UK Posto	ode L L L L L L L		L
Name			Class of shares allotted	Number allotted
Address				.
<u> </u>	UK Postco	ode LLLLL	_	L
Name			Class of shares allotted	Number allotted
Address			_	
	LIK Posto	ode LLLLLL		L
Name			Class of shares allotted	Number allotted
Address			_	
L				
	UK Posto	code		
Pleas	e enter the number of continuation	on sheets (if any) attached to th	is form	
Signed Ad	irector / secretary / administrator / admini		Date	e delete as approprial
Please give	the name, address, number and, if available,			
a DX numb person Con	er and Exchange of the npanies House should			
contact if th	ere is any query.	DVh	Tel	
		DX number	DX exchange	

