

Return of Allotment of Shares

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

Company Number

407	9716	

Company name in full	in full ACCYPLATE TECHNOLOGIES (UK) LIMITED				
Shares allotted (including bonus shares):					
	From	То			
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)	214018 2101010				
Class of shares (ordinary or preference etc)	ONDIWARY				
Number allotted	100				
Nominal value of each share	£1				
Amount (if any) paid or due on each share (including any share premium)	ch /				
List the names and addresses of th	e allottees and the number of shares allott	ed 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 the Registrar of Companies at:	signed the form send it to			

A50 COMPANIES HOUSE 26/08/00

Form revised January 2000

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 c	Shares and share class allotted	
Name	Class of shares	Number	
ACCURATE TECHNOCOGIES INC	allotted	allotted	
Address	A		
HILLS, MICHIGAN 48331	- ORDINARY	<u> </u>	
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USA UK Postcode L L L L L L		L	
Name	Class of shares	Number	
	allotted	allotted	
Address			
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UK Postcode	L	L	
Name	Class of shares	Number	
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Address			
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UK Postcode ここここここ	<u> </u>	L	
Name	Class of shares allotted	Number allotted	
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Address			
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UK Postcode			
Name	Class of shares allotted	Number allotted	
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UK Postcode		<u> </u>	
Please enter the number of continuation sheets (if any) attached to this	form		
11 16/1			
Signed	ate	Low	
A director / secretary / administrator / administrative receiver / receiver manager / receiver	eiver Please de	lete as appropriate	
Please give the name, address,	<u> </u>		
elephone 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