

Package: 'Laserform'
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88(2)

Return of Allotment of Shares

Please complete in typescript,
or in bold black capitals.

CHFP025

Company Number

4066289

Company name in full

CHROMA THERAPEUTICS LIMITED

Shares allotted (including bonus 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	6	1 1	2	0	0 1

Class of shares
(ordinary or preference etc)

Number allotted

Nominal value of each share

Amount (if any) paid or due on each
share (including any share premium)

E Ordinary		
50,000		
£0.001		
£0.001		

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

100%		
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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 please 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

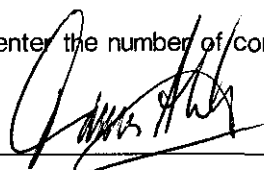


Names and addresses of the allottees (List joint share allotments consecutively)

Shareholder details	Shares and share class allotted	
Name <u>Tony Kouzarides</u> Address <u>23 Mawson Road, Cambridge</u> UK Postcode <u>C B 1</u> <u>2</u> <u>D</u> <u>Z</u>	Class of shares allotted <u>E Ordinary</u>	Number allotted <u>25,000</u>
Name <u>Alan Davidson</u> Address <u>55 Newland Mill, Witney, Oxfordshire</u> UK Postcode <u>O X 2</u> <u>8</u> <u>6</u> <u>S</u> <u>Z</u>	Class of shares allotted <u>E Ordinary</u>	Number allotted <u>25,000</u>
Name Address UK Postcode <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u>	Class of shares allotted 	Number allotted
Name Address UK Postcode <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u>	Class of shares allotted 	Number allotted
Name Address UK Postcode <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u>	Class of shares allotted 	Number allotted

Please enter the number of continuation sheets (if any) attached to this form

Signed



Date

7 December 2001

A director / secretary / administrator / 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.

Travers Smith Braithwaite

10 Snow Hill, London, EC1A 2AL

Tel 020 7295 3000

DX number DX 79

DX exchange London/City