

Return of Allotment of Shares

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

Company Number	4311832		
Company name in full	ANTHOUSA LIMITED		
		j	
Shares allotted (including b	oonus shares):		
	From To		
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)	2 6 0 6 2 0 0 2		
Class of shares (ordinary or preference etc)	ORDINARY		
Number allotted	6999		
Nominal value of each share	£1		
Amount (if any) paid or due on share (including any share premium)			
List the names and addresses of	of the allottees and the number of shares allotted to each overleaf		
If the allotted shares are fu	ally 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 the duly stamped contract or by the distamped particulars on Form 88(3) if contract is not in writing)	duly		

A09 COMPANIES HOUSE 19/07/02 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

Companies House, 37 Castle Terrace, Edinburgh EH1 2EB For companies registered in Scotland

DX 235 Edinburgh

DX 33050 Cardiff

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

Shareholder details	Shares and share class allotted	
Name MINOLDA ESTABLISHMENT	Class of shares allotted	Number allotted
Address LANDSTRASSE 150, POSTFACH 252, FL-9495 TRIESEN	ORDINARY	3499
LIECHTENSTEIN		
UK Postcode		
Name LDU ESTABLISHMENT	Class of shares allotted	Number allotted
Address LANDSTRASSE 150, POSTFACH 252, FL-9496 TRIESEN	ORDINARY	3500
LIECHTENSTEIN	_	
UK Postcode		<u> </u>
Name	Class of shares allotted	Number allotted
Address	_	
	_	
UK Postcode L L L L L L		L
Name	Class of shares	Number
	allotted	allotted
Address		
		<u> </u>
	_	
UK Postcode		
Name .	Class of shares allotted	Number allotted
Address	_	
UK Postcode		
Please enter the number of continuation sheets (if any) attached to the	is form 0	
Signed COULLIE	Date 11/7/02	
A director / secretary / administrator / administrative receiver / receiver manager / r	- + + -	e delete as appropriate
Please give the name, address, telephone number and, if available,		
a DX number and Exchange of the person Companies House should (ff: NK		
contact if there is any query.	Tel #020	7509 6000
DX number (Df 196	DX exchange	