'Laserform' Package:

QQ/2\

by Laserform International Ltd.	00(4			
Please complete in typescript, or in bold black capitals.	Return of Aliotment of Sha			
Company Number	4450369			
Company name in full	CASTLEBECK GROUP LIMITED			
Shares allotted (including bo	us 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)	018014 2101014 018014 2101014			
Class of shares ordinary or preference etc)	"A" Ordinary			
lumber allotted	50,000			
lominal value of each share	£0.01			
Amount (if any) paid or due on each hare (including any share premium)	£1.00			
	ttees and the number of shares allotted to each overleaf or partly paid up otherwise than in cash please state:			
% that each share is to be reated as paid up				
Consideration for which he shares were allotted This information must be supported by the duly stamped contract or by the duly tamped particulars on Form 88(3) if the contract is not in writing)				
	When you have completed and signed the form please se it to the Registrar of Companies at:			

Companies House, Crown Way, Cardiff, CF14 3UZ DX 33050 Cardiff npanies registered in England and Wales

> anies House, 37 Castle Terrace, Edinburgh, EH1 2EB npanies registered in Scotland DX 235 Edinburgh

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

Shareholder details		Shares and share class allotted		
Name		Class of shares	Number	
DAVID COLE		allotted	allotted	
Address				
98 WINCHESTER ROAD, ROMSEY, HAMPSHIRE		"A" Ordinary	50,000	
		_ \	L	
UKF	Postcode <u>S O 5 1 8 J E</u>	<u> </u>	L	
Name		Class of shares allotted	Number allotted	
Address				
			L	
UKF	Postcode	L	t	
Name .		Class of shares allotted	Number allotted	
Address				
			<u></u>	
UKF	Postcode		\	
Name		Class of shares allotted	Number allotted	
Address		_		
L		_	L	
UKF	Postcode			
Name		Class of shares allotted	Number allotted	
Address		_		
<u> </u>		_		
LIKE	Postcode	_		
- OKT	'ostcode Lelle			
Please enter the number of continua	ation sheets (if any) attached to this for	m		
\sim		- 1.1.		
Signed	Da	ite <u>8/4/04</u> .		
A director / secretary / administrator / ad	ministrative receiver / receiver manager / rec	eiver <i>Please</i> d	elete as appropriate	
Please give the name, address, elephone number and, if available,	Lovells	Lovells		
DX number and Exchange of the	Atlantic House, Holborn	Niaduct, London, E	C1A 2FG	
person Companies House should contact if there is any query.	Ref: C3/TC/1310844	Tel 020 7296		
DX number 57 DX exchange London Chan		Chancery Lane		
	_			