Package:

'Laserform'

by Laserform International Ltd.

8	8	(2)
Return of	Allotm	ent of Sha	III

·		00(-	
Please complete in typescript, or in bold black capitals. CHFP025		Return of Allotment of Share	
Company Number	pany Number 4963186		
Company name in full			
Shares allotted (including bo	nus 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)	22032004		
Class of shares (ordinary or preference etc)	ORDINARY		
Number allotted	99		
Nominal value of each share	£1		
Amount (if any) paid or due on each share (including any share premium)	£99		
List the names and addresses of the all	ottees and the number of shares allotted to e	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 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	l addresses	of the	allottees	(List joint share	allotments	consecutively,
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Sha	areholder details	Shares and share	e class allott
Name		Class of shares	Number
IXIS AEW EUROPE SA		allotted	allotted
Address			
26-28 RUE NEUVE TOL	BIAC, 75658	ORDINARY	99
PARIS CEDEX 13			
	UK Postcode		_
Name		Class of shares allotted	Number allotted
Address			
			_
	UK Postcode		
Name		Class of shares allotted	Number allotted
Address			
	UK Postcode		
Name		Class of shares allotted	Number allotted
Address			
	UK Postcode		
Name		Class of shares allotted	Number
Addraga		anotted	allotted
Address			
	UK Postcode		
Please ecurron on behal	CE SCHENATION Sharts (if any) attache	ed to this form	
gned	thorised Signatory	Date	÷4
-	Iministrator / administrative receiver / receiver		-7 lelete as appropria
ease give the name, address	S. Gliffand Chang	Timited Timbility Danier	1. 5

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.

DX number 149120	DX exchange Canary Wharf 3
JEQM/C5945/00037/MJL	Tel 020 7006 1000
10 Upper Bank Street, Lo	ondon, E14 5JJ
Clifford Chance Limited	Liability Partnership