Package:

'Laserform'

by Laserform International Ltd.

Please complete in typescript, or in bold black capitals.

CHFP025

**Company Number** 

Company name in full

88(2)
Return of Allotment of Shares

HOLDINGS LIMITED

Shares allotted (including bonus s	hares):					
	From	From		То	То	
Date or period during which shares were allotted (If shares were allotted on one date enter that date in the "from" box)	Day Month  1   3   0   9   2	Year O   O   4	Day M	onth Year		
Class of shares (ordinary or preference etc)	ORDINARY					
Number allotted	15,000,000					
Nominal value of each share	El					
Amount (if any) paid or due on each share (including any share premium)	El PAID					
List the names and addresses of the allottees a	and the number of shares	allotted to each	overleaf			
lf the allotted shares are fully or pa	rtly paid up otherw	vise than in c	ash pleas	se state:		
% that each share is to be treated as paid up	100					

05 02 9900

DISCOVERY OFFSHORE



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

Laserform International 02/00

Shareholder details		Shares and share	class allotted	
Name DISCOVERY HOLDINGS LIMITE	D	Class of shares allotted	Number allotted	
Address 155 WEST STREET, SANDTO	oN 2196,	ORDINARY	15,000,000	
REPUBLIC OF SOUTH AFRICA			L	
UK Postcode		L	L	
lame		Class of shares allotted	Number allotted	
Address				
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UK Postcode ر_ ر				
Name		Class of shares allotted	Number allotted	
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UK Postcode		L		
Name		Class of shares allotted	Number allotted	
Address				
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Name		Class of shares	Number allotted	
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UK Postcode		L	_	
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Please enter the number of continuation sheets (if	rany) attached to this form			
Signed	Date	13 SEPTEMBE	R 2004	
A director / secretary / administrator / administrative rece	eiver / receiver manager / recei	ver Please	delete as appropria	
Please give the name, address,				
elephone number and, if available, a DX number and Exchange of the		,,1		
person Companies House should contact if there is any query.	Tel			
DX num	nber	DX exchange	<del></del>	