Package: 'Laserform' by i-sserform International Ltd.

Please complete in typescript, or in bold black capitals.

8	8		7/	١
U	U	\	—	
Return of	Allotm	ent of	Shares	S

CHFP025						
Company Number	5136014					
Company name in full	MM&S (3090) LIMITED					
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)	3 0 0 9 2 0 0 4					
Class of shares (ordinary or preference etc)	ORDINARY					
Number allotted	40,000					
Nominal value of each share	×					
Amount (if any) paid or due on each share (including any share premium)	£1					
List the names and addresses of the all	lottees and the number of shares allotted to	each overleaf				
If the allotted shares are fully	or partly paid up otherwise than	ı 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 addresses of the allottees (List joint share allotments consecutively)

Shareholder details		Shares and share class allotted		
Name RAY JAMES ZIMMERMAN		Class of shares allotted	Number allotted	
Address 40 LOWER SLOANE STREET, LONDO	DN	ORDINARY	40,000	
UK P	ostcode SW1W8BP		. 1	
Name Address		Class of shares allotted	Number allotted	
UK Po	ostcode			
Name Address		Class of shares allotted	Number allotted	
			L	
UK Po	ostcode			
Name Address		Class of shares allotted	Number allotted	
UK Pa	ostcode		L	
Name Address		Class of shares allotted	Number allotted	
UK Po	ostcode {		L	
Please enter the number of continuati	on sheets (if any) attached to this form	m		
A director / secretary / administrator / adm	inistrative receiver / receiver manager / rece	te 30 q oy iver Please de	elete as appropriate	
ease give the name, address, MACLAY MURRAY & SPENS				
elephone number and, if available, DX number and Exchange of the erson Companies House should ontact if there is any query.	10 FOSTER LANE, LONDON, EC2V 6HR Tel 020 7606 6130			

DX number 42616

Laserform International 02/00

DX exchange CHEAPSIDE EC2