

Return of Allotment of Shares

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

Company Number

\sim	91,		1
ン	C 4	15	97

Company name in full	AEEM4 LYD	
Shares allotted (including bo	onus shares):	
	From	То
Date or period during which shares were allotted (If shares were allotted on one date	Day Month Year	Day Month Year
enter that date in the "from" box)	1810101014	
Class of shares		

Class of shares (ordinary or preference etc)

Number allotted

Nominal value of each share

Amount (if any) paid or due on each share (including any share premium)

Ordinary				
100				
Z I				
£ 100				

List the names and addresses of the allottees and the number of shares allotted to 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 send it to the Registrar of Companies at:

COMPANIES HOUSE ——

Companies House, Crown Way, Cardiff CF14 3UZ

DX 33050 Cardiff

For companies registered in England and Wales

DX 235 Edinburgh

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

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

Shareholder details		Shares and share class allotted		
Name Name Address	BAS MIAN	Class of shares allotted Orcumary	Number allotted	
696 BARKING	ROBD	·		
PLAISTON L	- OND ON			
	Postcode E 13 9 JZ		L	
Name		Class of shares allotted	Number allotted	
Address			<u> </u>	
UK	Postcode		L	
Name		Class of shares allotted	Number allotted	
Address				
UK	Pøstcode		L	
Name	<u>/ </u>	Class of shares allotted	Number allotted	
Address				
	Postcode LLLLLL			
lame /		Class of shares allotted	Number allotted	
Address			<u> </u>	
UK	Postcode			
Please enter the number of contin	uation sheets (if any) attached to th	is form		
igned A. Mirau		Date 28/10/04		
	dministrative receiver / receiver manager / re		elete as appropriate	
ease give the name, address, lephone number and, if available, DX number and Exchange of the				
erson Companies House should intact if there is any query.		Tel		
	DX number	DX exchange		