Package:

'Laserform'

by Laserform International Ltd.

88(2)
Return of Alletment of Shares

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Please complete in typescript, or in bold black capitals. [CHFP025]		Return of Allotment of Sh		
Company Number	SC 151763			
Company name in full	ECTOPHARMA LIMITED			
Shares allotted (including bo	nus shares):			
	From	То		
Date or period during which shares were allotted	Day Month Year	Day Month Year		
of the control of the	2 8 0 3 2 0 0 3			
Class of shares ordinary or preference etc)	ORDINARY			
lumber allotted	6000			
lominal value of each share	£0.01			
mount (if any) paid or due on each hare (including any share premium)	£0.50			
ist the names and addresses of the all	ottees and the number of shares allotted to each	overleaf		
f the allotted shares are fully	or partly paid up otherwise than in o	cash please state:		
6 that each share is to be reated as paid up				
Consideration for which ne shares were allotted This information must be supported by				
e duly stamped contract or by the duly amped particulars on Form 88(3) if the ontract is not in writing)				
	When you have completed and it to the Registrar of Companie			



09/04/03

COMPANIES HOUSE

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		Class of shares	Number	
ROSALIND JEANNETTE PORTMAN		allotted	allotted	
Address				
THE OLD RECTORY, WATERSTOCK, OXON		ORDINARY	6000	
			L	
UK Postcode C	<u>X</u> <u>3</u> <u>3</u> <u>1</u> <u>J</u> <u>T</u>			
Name		Class of shares allotted	Number allotted	
Address		anonou		
UK Postcode _				
Name		Class of shares allotted	Number allotted	
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Address				
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Name		Class of shares allotted	Number allotted	
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Please ententhe number of continuation sheets (i	any) attached to this form			
MO DIRECTOR,	_			
signed Y FOR WITH SEVETACUES LIN				
A XXXXXX secretary / aXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	KXXV rXXXXXXXXXXXX / XXXXXXX	Please dele	ete as appropriate	
Please give the name, address, Wright	Wright Johnston & Mackenzie			
elephone number and, if available, DX number and Exchange of the	302 St Vincent Street , Glasgow, G2 5RZ			
person Companies House should contact if there is any query.	Tel 0141 248 3434			
DY num	per GW 129 D)			

Laserform International 02/00