

3 Return of Allotment of Shares

Please complete in typescrip	ot, oi
in bold black capitals.	
CHFP000	•

Company Number

289	2559		
FRONTI	er developi	PUELOPMENTS LIMITED	

<u> </u>				
Shares allotted (including bonus	shares):			
	From		То	
Date or period during which	Day Month	Year	Day Month Year	
shares were allotted (If shares were allotted on one date enter that date in the "from" box)	3 1 0 5 2	0 0 1		
Class of shares (ordinary or preference etc)	ORDINARY			
Number allotted	230, 769			
Nominal value of each share	£0.001			
Amount (if any) paid or due on each share (including any share premium)	£0.65			
List the names and addresses of the all	ottees and the number of	f shares allo	otted to each overleaf	
If the allotted shares are fully or p	partly paid up otherw	ise than i	in cash please state:	
% that each share is to be treated as paid up				
Consideration for which				



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(This information must be supported by the duly stamped contract or by the duly stamped particulars on Form 88(3) if the

> When you have completed and signed the form 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

contract is not in writing)

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

Shareholder details		Shares and share class allotted	
	ARJACO MICRO LIMITED	Class of shares allotted	Number allotted
Address	DEVENSHIRE PLACE	ORDINARY	230,769
L	UK Postcode W.J.N. J.P.E		
Name	OK POSICODE LW LI LINE LE LE LE	Class of shares	Number allotted
Address			
	UK Postcode LLLLL	<u> </u>	
Name L		Class of shares allotted	Number allotted
Address			<u> </u>
	UK Postcode		<u> </u>
Name		Class of shares allotted	Number allotted
Address			<u></u>
· [UK Postcode		
Name		Class of shares allotted	Number allotted
Address			
	UK Postcode	<u> </u>	L
Please	enter the number of continuation sheets (if any) attached to this	form	
Signed	Da	te 31 MAY 20	01
A-dire	oetor / secretary Ladministrator / administrative receiver / receiver manager / receiver / receiver / recei	iver Please del	ete as appropriate

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.

JENLY-MAY MORRIS						
SAYON FAR	M, LONGMEADOW LODE					
CAMBRIDGE	CB5 9HA Tel 01223 81175	3_				
DX number	DX exchange EXT 13					