

Please complete in typescript, or in bold black capitals. CHFP041

88(2) Return of Allotment of Shares

| Company Number | 3124254 | . | |
|---|---------------------------------------|-----------------------------|--|
| Company name in full | GASPEX GROUP LIMITED | | |
| | | | |
| Shares allotted (including bonus share | s): | | |
| Date or period during which shares were allotted (if shares were allotted on one date enter that date in the "from" box.) | From Day Month Year 0 4 1 0 2 0 0 0 | To Day Month Year | |
| | 0,4 1,0 2,0 0 0 | | |
| Class of shares (ordinary or preference etc.) | ORDINARY | | |
| Number allotted | 34,296 | | |
| Nominal value of each share | Z100.00 | | |
| Amount (if any) paid or due on each share (including any share premium) | £100.00 | | |
| List the names and addresses of the al | lottees and the number of share | s allotted to each overleaf | |
| If the allotted shares are fully or | partly paid up otherwise t | han 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) | | | |
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A05 COMPANIES HOUSE 0688 04/05/01 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 DX 235 for companies registered in Scotland Edinburgh

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

| Shareholder details | | Shares and share class allotted | |
|---|--|---------------------------------|--------------------|
| Name TISCO 5. A | · · · · · · · · · · · · · · · · · · · | Class of shares allotted | Number allotted |
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| Please enter the number of continu | ation sheet(s) (if any) attached to th | nis form | |
| | 7 | on April 20 | 201 |
| Signed / Signed | Date | <i>f</i> . | |
| A directory / administrator / administrator / administrator | sative manager / resolver manages / resolver | Please delete as a | opropriate |
| Please give the name, address, | | | |
| telephone number and, if available, | | | |
| a DX number and Exchange of the | | | |
| person Companies House should | T _1 | | |
| contact if there is any query. | Tel | | |
| | DX number DX excha | ange | |