

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	es):		
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 3 0 2 0 0 0	To Day Month Year	
Class of shares (ordinary or preference etc.)	ORDINARY		
Number allotted	34,303		
Nominal value of each share	2100.00		
Amount (if any) paid or due on each share (including any share premium)	2100.00	·	
List the names and addresses of the a			
% 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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COMPANIES HOUSE

0689 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
Address SO SHIPLEY STREET, NA	ASSAU, BAHAMAS	CROINARY	134,303
UK Po	stcode LLLLL		
Name		Class of shares allotted	Number allotted
Address		<u></u>	
<u></u>		\	_
UK Po	stcode LLLLLL		_
Name		Class of shares allotted	Number allotted
Address		\ 	1
			_
UK Po	stcode L_L_L_L_L		- L
Name		Class of shares allotted	Number allotted
Address			
		<u></u>	- L}
UK Po	stcode L_L_L_L_L		- L
Name		Class of shares allotted	Number allotted
Address			
			- [
UK Postcode LLLLL			- L
Please enter the number of continu	ation speet(s) (if any) attached to the	is form	
Signed /		a April 20	001
A director / secretary / administrator / administra	tive manager / receiver intelliager / receiver	Please delete as a	
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.	Tel		
	DX number DX excha	inge 	