

Return of Allotment of Shares

Please complete in typescript, or in bold black capitals. CHFP000

Company Number

Company	name in	ful
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5400823		
GLA2ESAFE	LIMITED	

Company name in full	GLAZESAFE LIMITED	LAZESAFE LIMITED			
Shares allotted (including bo	nus shares):				
	From	To			
Date or period during which shares were allotted	Day Month Year	Day Month Year			
(If shares were allotted on one date enter that date in the "from" box)	22032005				
Class of shares (ordinary or preference etc)	OROINARY				
Number allotted	100				
Nominal value of each share	£100				
Amount (if any) paid or due on each share (including any share premium)	ch .				
List the names and addresses of th	ne allottees and the number of shares allo	otted to each overleaf			
If the allotted shares are fully	or partly paid up otherwise than i	n 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, 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 D.A. CHEDDIE	Class of shares allotted	Number allotted
Address 1 TURNFORD VILLAS, HIGH ROAD,	ORDINARY	_100_
TURNFORD, BROXBOURNE, HERTS	_	
UK Postcode EN106BE	L	
Name	Class of shares allotted	Number allotted
Address		
	_	L
UK Postcode		L
Name	Class of shares allotted	Number allotted
Address	_	
L	_	L
UK Postcode		
Name	Class of shares allotted	Number allotted
Address		
UK Postcode		L
Name	Class of shares allotted	Number allotted
Address		
		<u> </u>
UK Postcode		
Please enter the number of continuation sheets (if any) attached to this	s form	
SignedD	ate 26/09/05	
A director / secretary / administrator / administrative-receiver / receiver manager / rec	eiver Please o	delete as appropriate
Please give the name, address, relephone 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 exchange