

Return of Allotment of Shares

Please complete in typescript, or in bold black capitals. CHWP000

Company Number

02740837

Company name in full

PROJECT DEFIANCE LIMITED								

Shares allotted (including bonus shares):

Date or period during which shares were allotted (If shares were allotted on one date enter that date in the "from" box)

Tο From Dav Month Month Year Year Day 0 8 0.0.2

Class of shares (ordinary or preference etc)

Number allotted

Nominal value of each share

Amount (if any) paid or due on each share (including any share premium)

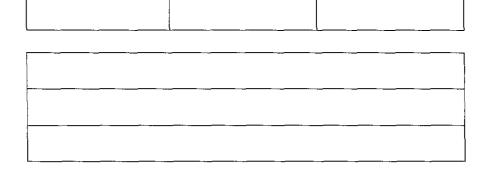
ORDINARY				
33			_	
£25				
£25				

List the names and addresses of the allottees and the number of shares allotted to each overleaf

If the allotted shares are fully or partly paid up otherwise than 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)



When you have completed and signed the form send it to



COMPANIES HOUSE

ASDIME4H A19

19/09/02 0350

11/09/02

Companies House, Crown Way, Cardiff CF14 3UZ

DX 33050 Cardiff

For companies registered in England and Wales

the Registrar of Companies at:

Companies House, 37 Castle Terrace, Edinburgh EH1 2EB For companies registered in Scotland

DX 235 Edinburgh

COMPANIES HOUSE

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

Shareholder o	letails	Shares and share	class allotted
Name		Class of shares allotted	Number allotted
Address			
			L
UK Po	stcode	L	L
Name		Class of shares allotted	Number allotted
Address			
LIV Do	otoodo		
Name	stcode L L L L L L L	Class of shares	Number
1		allotted	allotted
Address			
			<u> </u>
UK Po	ostcode		L
Name		Class of shares allotted	Number allotted
Address			
			L
UK Po	ostcode		L
Name		Class of shares allotted	Number allotted
Address			
L			
UK Po	ostcode		L
Please enter the number of continu	ation sheets (if any) attached to	this form	
₽ A D A	and the state of t	\ <u></u>	
Signed N.H. Hale A director/ secretary / administrator / ad	ministrative receiver / receiver manager	Date 1902 Please	delete as appropriate
Please give the name, address,	D lines		
telephone number and, if available, a DX number and Exchange of the	R. HALE		
person Companies House should contact if there is any query.	12 BAILEY CLOSE	C:: ann Tel	

SL4 3RD Tel

DX exchange

BERKS

WINDSOR DX number