

Return of Allotment of Shares

Please complete in typescript, or in bold b k capitals. CHFP000

Company Number

4482875			
KINGSTED	LTD		

Company name in full	KINGSTED LTD					
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)	From To Day Month Year Day Month Year O 7 0 3 2 0 0 3					
Class of shares (ordinary or preference etc)	OPOINARY					
Number allotted	One					
Nominal value of each share	£1-00					
Amount (if any) paid or due on each share (including any share premium)	#1-00 # \f(-00					
List the names and addresses of th	e 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 the Registrar of Companies at:					



Form revised January 2000

Companies House, Crown Way, Cardiff CF14 3UZ

DX 33050 Cardiff

For companies registered in England and Wales

DX 235 Edinburgh

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

Names and addresses of the allottees	(List joint share allotments consecutively)
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Shareholder details	Shares and share class allotted			
Name SULIA EVELYN LE GALLEZ	Class of shares allotted	Number allotted		
Address 8 MELFORD CHOSE	ORDINARY	O NE		
SOUTH WOOTTON MORFOLK	_ L			
UK Postcode ところのふべせ	L			
Name	Class of shares allotted	Number allotted		
Address				
UK Postcode		<u> </u>		
Name	Class of shares allotted	Number allotted		
Address	-			
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<u> </u>	_	<u> </u>		
UK Postcode	1			
Name	Class of shares allotted	Number allotted		
Address	-	unottod		
Address				
UK Postcode				
Name	Class of shares allotted	Number allotted		
Address	-			
1		1		
UK Postcode		L		
Please enter the number of continuation sheets (if any) attached to this form				
Signed hegallis De	ate <u>2013/03</u>			
A director / secretary / administrator / administrative receiver / receiver manager / receiver Please delete 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.

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DX number	-	DX exch	ange		