

Return of Allotment of Shares

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

Company Number

Company name in full

4524631

GAST KIRL PROTECTION LID Shares allotted (including bonus shares): To From Date or period during which Day Month Year Day Month Year shares were allotted (If shares were allotted on one date 2101012 enter that date in the "from" box) Class of shares ORDINARY (ordinary or preference etc) Number allotted

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

Nominal value of each share

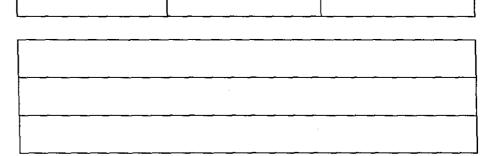
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List the names and addresses of the allottees and the number of shares allotted to each overleaf

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 the Registrar of Companies at:

Companies House, Crown Way, Cardiff CF14 3UZ For companies registered in England and Wales

DX 33050 Cardiff

COMPANIES HOUSE

Form revised January 2000

Th

07/09/02

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 consecu	itively)
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Shareholder details	Shares and share	Shares and share class allotted	
Name RAY JOHN COOPER	Class of shares allotted	Number allotted	
Address 11 CHANNEL CLOSE FOLKESTONE KENT	C. ORDINARY	046	
UK Postcode ET 196	ه کی ا		
Name MICHELLE WENLOCK	Class of shares allotted	Number allotted	
Address 72 AGANWOOD ROAD, RIVER, DOU KENT	OROWARY	<u>_0</u> ~ <u>C</u>	
UK Postcode ETLZ e	۲.		
Name	Class of shares allotted	Number allotted	
Address		L	
UK Postcode		L	
Name	Class of shares allotted	Number allotted	
Address			
UK Postcode			
Name	Class of shares allotted	Number allotted	
Address			
UK Postcode			
Please enter the number of continuation sheets (if any) attach	ned to this form Date 5/9/02		
A-dhector / secretary / administrator / administrative receiver / receiver m	anager / receiver Please o	lelete as appropriate	
Please give the name, address, telephone number and, if available, a DX number and Exchange of the person Companies House should	JACOAR		
contact if there is any query.	Tel 0/304	21930)	

DX number

DX exchange