

Please complete in typescript,

**Return of Allotment of Shares** 

or in bold black capitals. CHFP001

Company Number	4560968						
Company name in full	PIPELINE ASSOCIATES LIMITED						
nares allotted (including bonus shares):  From  To							
Date or period during which shares were allotted (If shares were allotted on one date enter that date in the "from" box)	Day Month Year Day Month Year  1 1 1 0 2 0 0 2						
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Class of shares (ordinary or preference etc)	Ordinary						
Number alfotted	99						
Nominal value of each share	£1.00						
Amount (if any) paid or due on each share (including any share premium)	£1.00						
List the names and addresses of the a	ottees 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)							

A14 COMPANIES HOUSE 24/10/02 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

Shareholder details			Shares and share o	Shares and share class allotted	
Name Mark Anthony	/ Hughes	· · · · · · · · · · · · · · · · · · ·	Class of shares allotted	Number allotted	
Address					
30 Hines Close Aldi	nam COLCHESTER Essex		Ordinary	99	
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	UK Postcode CO	6 3RL	L		
Name			Class of shares allotted	Number allotted	
Address		<del></del>		ŀ	
	UK Postcode		L	<u> </u>	
Name			Class of shares allotted	Number allotted	
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а.	UK Postcode		<u> </u>		
Name			Class of shares allotted	Number allotted	
Address					
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	UK Postcode			L	
Name	<del>-</del> · · · ·		Class of shares allotted	Number allotted	
Address				ı	
11	UK Postcode		L	L	
Please enter the	number of continuation sheets	(if any) attached to thi	s form		
gned A director / secreta	ry / administrator / administrative re	eceiver / receiver manage	Date 22-10-02  er / receiver Pleas	e delete as appropri	
ease give the name, ac	ddress,				
elephone number and, if available, DX number and Exchange of the erson Companies House should ontact if there is any query.					
			Tel .		
	-	DX number	DX exchange		