

Return of Allotment of Shares

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

Company Number

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470	2155	

Company Number	470 21 0			
Company name in full	HCS AUTOMATION LIMITED			
Shares allotted (including bor	ius 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 4 1 1 2 0 0 3			
Class of shares (ordinary or preference etc)	ORZINAKY 'B'			
Number allotted				
Nominal value of each share	£1—			
Amount (if any) paid or due on each share (including any share premium)	1			
List the names and addresses of the	allottees and the number of shares allotted to each overleaf			
If the allotted shares are fully o	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, 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 MAKY ELLEN BRYAN	Class of shares allotted	Number allotted
Address		
3 AKVKCHURCH HISHWAY	ORDINARY B	
LYDIATE ASH BROMSS BYE		L
WoRCS. UK Postcode & 60 L NZ		L
Name	Class of shares allotted	Number allotted
Address	-	
	_	L
UK Postcode		<u> </u>
Name	Class of shares allotted	Number allotted
Address		
		<u></u>
UK Postcode ししこしここ		L
Name	Class of shares allotted	Number allotted
Address		
		<u> </u>
UK Postcode		
Name .	Class of shares allotted	Number allotted
Address		
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UK Postcode	L	
Please enter the number of continuation sheets (if any) attached to this f	form	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
gned Jornyan Dai	te 18/11/03	
A director / secretary / administrator / administrative receiver / receiver manager / recei	ver Please del	ete 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.

MARTIN G. CA	ARK V 6	
140 NEW ROAD	BROMSS ROVE WORK	
860 245	Tel(0/62) 8>99>5	_
DX number	DX exchange	_