

Return of Allotment of Shares

Please complete in typescript, or
in bold black capitals.

CHFP036

Company Number

5295490

Company name in full

GOLDPOINT FINANCE 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)

From			To		
Day	Month	Year	Day	Month	Year
2	4	1 1	2	0	0 4

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		
1		
£ 1.0000		
1.0000		

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

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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
or companies registered in England and Wales

DX 33050 Cardiff

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

DX 235
Edinburgh

Co



A07
COMPANIES HOUSE

277
11/01/2006

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

Shareholder details		Shares and share class allotted	
Name MR. HEINRICH FELDMAN		Class of shares allotted ORDINARY	Number allotted 1
Address 23 OVERLEA ROAD, SPRINGFIELD PARK, LONDON			
ENGLAND			
UK Postcode E5 9BG			
Name 		Class of shares allotted 	Number allotted
Address 			
UK Postcode			
Name 		Class of shares allotted 	Number allotted
Address 			
UK Postcode			
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 sheet (if any) attached to this form

0

Signed  Date _____

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.

HALLSWELLE MANAGEMENT LIMITED	
HALLSWELLE HOUSE	
1 HALLSWELLE ROAD, LONDON	
NW11 0DH, ENGLAND	Tel 020-8209-1535
DX number	DX exchange