

99/21

CHFP096	Return	Return of Allotment of Shares					
Company Number	531210	5312104					
Company Name in full	METAL PRODUCTS TRADING LIMITED						
Shares allotted (including b	onus sh	ares):	••.	<del>-</del>	<del></del>		
Date or period during which shares were allotted (If shares were allotted on one date enter that date in the "from" box.)		1 1 1 0 0	Year O <sub>I</sub> O <sub>I</sub> H.	Day M	To onth Year	]	
Class of shares (ordinary or preference etc)		ORDINARY					
Number allotted		1.					
Nominal value of each share		£1.					
Amount (if any) paid or due on each share (including any share premium)		EI.					
List the names and addressed	d of the a	llottees and the numb	per of share	es allotted t	o each overleaf		
If the allotted shares are fu	lly or pa	rtly paid up otherwi	se than in	cash plea	se 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 du- stamped particulars on Form 88(3) if the	ly						



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 DX 33050 Cardiff for companies registered in England and Wales Companies House, 37 Castle Terrace, Edinburgh, EH1 2EB DX 235 Edinburgh for companies registered in Scotland

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

Shareholder d	Shares and share class allotted		
Name YUE PING	XIE	Class of shares allotted	Number allotted
Address 18 THE DRIV		ORDINA Ry	
PETERBOROUS		·	
UK Po	stcode PE3_6AJ		
Name		Class of shares allotted	Number allotted
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Address		!	
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UK Po	stcode		
Name		Class of shares allotted	Number allotted
Address			
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UK Po	stcode		L
Name		Class of shares allotted	Number allotted
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Address			
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Name		Class of shares allotted	Number allotted
Address			
 		<u></u>	L
UK Po	stcode		<u> </u>
Please enter the number of continuation	on sheet(s) (if any) attached to this	s form	
Signed		Date 15/12/2	004
A director / secretary /administrator / administra			elete 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.		Tel	
	DX number DX ex	change	