

Return of Allotment of Shares

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

Company Number

Company name in full

226076	
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EXPLORE LIMITED INVESTMENTS

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			То		
Day	Month	Year	Day	Month	Year
016	1/2	2001			

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)

DRDINALJ			
2		:	
£1			
£I			

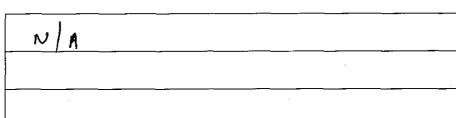
List the names and addresses of the allottees and the number of shares allotted to each overleaf

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)





COMPANIES HOUSE

19/01/02

STM5U7ER

7083b - -12/01/02

COMPANIES HOUSE Form revised January 2000

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

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

DX 235 Edinburgh

DX 33050 Cardiff

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

Shareholder details	Shares and share	Shares and share class allotte			
Name MR PETER LUFF	Class of shares allotted	Number allotted			
Address	~n -	7			
69WBURGH		<u>Z</u>			
		1			
UK Postcode EHL3 ©	B _D				
Name	Class of shares allotted	Number allotted			
Address					
		L			
UK Postcode	_				
Name	Class of shares allotted	Number allotted			
Address					
		L			
UK Postcode					
Name	Class of shares allotted	Number allotted			
Address					
1					
UK Postcode டடடட					
Name	Class of shares allotted	_ Number allotted			
Address					
		L			
UK Postcode	_ L_				
Please enter the number of continuation sheets (if any) attache	ed to this form	· · · · · · · · · · · · · · · · · · ·			
Signed R — Luff	Date2 & 12	701			
A director / secretary / administrator / administrative receiver / receiver ma	ľ	delete as appropri			

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.

MA PETER	Luff_			
44 WESTE	HATH AUE			-
FOWBURTH	EH13 OBD	Tel	07860	700046
DX number	DX excha	ange		