Package:

'Laserform'

by Laserform International Ltd.

Return of Allotment of Shares

Please complete in typescript, or in bold black capitals.

CHFP025

## **Company Number**

Company name in full

267163	

From

Hampton Trust PLC

## 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)

E	ay	Month	Y	'ear	Da	ay	Mc	nth		Υέ	ear	
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To

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		
13,601,890		
£0.05		
N/A		

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

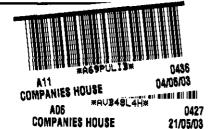
## If the allotted shares are fully or partly paid up otherwise than in cash please state:

% that each share is to be treated as paid up

100%

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)

Release	from	а	guarantee	in	respect	of	land	i.	<del></del>
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When you have completed and signed the form please send it to the Registrar of Companies at:

DX 33050 Cardiff

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

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

Shareholder details	Shares and share class allotted				
Name	Class of shares	Number			
Parkwell House Limited	allotted	allotted			
Address					
9 Abbey Square, Chester.	Ordinary	13,601,890			
	_				
UK Postcode C H 1 2 H U					
Name	Class of shares allotted	Number allotted			
Address	_				
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UK Postcode	[				
Name	Class of shares allotted	Number allotted			
Address					
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UK Postcode					
Name	Class of shares allotted	Number allotted			
Address					
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Name	Class of shares allotted	Number allotted			
Address	_				
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Please enter the number of continuation sheets (if any) attached to this	form				
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	te $\frac{20/5}{}$				
A director / secretary / administrator / administrative receiver / receiver manager / rec	eiver Please	delete as appropriate			
Please give the name, address, DLA elephone number and, if available,		7-10-			
DX number and Exchange of the erson Companies House should  3 Noble Street, London, EC2V	7EE				
contact if there is any query.	Tel 08700 1	77 777			

DX number

Tel 08700 111 111

DX exchange

Laserform International 02/00