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or in bold black capitals.
CHFP001

Company Number					
Company name in full	REALSENSE SOFTWARE 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 Q 8 0 2 2 0 0 1.				
Class of shares (ordinary or preference etc)	ORDINARY.				
Number allotted	9110				
Nominal value of each share	ONE POUND				
Amount (if any) paid or due on each share (including any share premium)	ONE POUND.				
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)					
	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 For companies registered in Scotland Edinburgh

Shareholder details	Shares and share class allotted		
Name DR. A.K.O. MORTIMER	Class of shares allotted	Number allotted	
Address WYCH END, THE SPINI	PRAMIGRO	1.	
FORD LANE, EAST HENDRED,	L		
UK Postcode (O LX	T & 8 F E	L	L
Name		Class of shares allotted	Number allotted
Address		1	
		 	
UK Postcode L_ L_			L
Name		Class of shares allotted	Number allotted
Address			
L			
UK Postcode L. L.		L	L
Name		Class of shares allotted	Number allotted
Address			,
UK Postcode L L	LL LLL		<u> </u>
Name		Class of shares allotted	Number allotted
Address		1	
		<u> </u>	
UK Postcode L. L			
Please enter the number of continuation sheets (if any) attached to this fo	orm	
Signed	D	ate 9th March	2001
A director / secretary / administrator / administrative rec	ceiver / receiver manager /-	receiver Plea	se delete as appropriate
Please give the name, address,	JANE VALEN	TINE, 4 WES	T STREET,
telephone number and, if available, a DX number and Exchange of the	CHILDREY, WANTAGE, OXON,		
person Companies House should contact if there is any query.	OX 12 90		35 751449.
	DX number	DX exchange	