10-29-2002

Q66967

Form **PTO-1595** (modified)
(Rev. 03/01)
OMB No. 0651-0027

102263966

HEET

U.S. DEPARTMENT OF COMMERCE
U.S. Patent and Trademark Office

To the Honorable Commissioner of Patents and Trademarks: Please record the attached original documents or copy thereof.

1. Name of conveying party(ies):
EURO 3 WSSA

OIPE JC76 OCT 23 2002 PATENT & TRADEMARK OFFICE

10-23-02

Additional name(s) of conveying party(ies) attached? ☐ Yes ☑ No

2. Name and address of receiving party(ies):
VALIDY
Zone Industrielle
5 rue Jean Charcot
26100 Romans Sur Isere, France

3. Nature of conveyance:

☐ Assignment ☐ Merger
☐ Security Agreement ☑ Change of Name
☐ Other _____

Execution Date: March 16, 2002

Additional name(s) & address(es) attached? ☐ Yes ☑ No

4. Application number(s) or patent number(s):

If this document is being filed together with a new application, the execution date of the application is:

A. Patent Application No.(s)
09/959,419

B. Patent No.(s)

Additional numbers attached? ☐ Yes ☑ No

5. Name and address of party to whom correspondence concerning document should be mailed:

SUGHRUE MION, PLLC
2100 Pennsylvania Avenue, N.W.
Suite 800
Washington, D.C. 20037-3213

6. Total number of applications and patents involved:
1

7. Total fee (37 CFR 3.41): $40.00
☑ Enclosed.
☐ Authorized to be charged to Deposit Account No. 19-4880.

The USPTO is directed and authorized to charge all required fees, except for the Issue Fee and the Publication Fee, to Deposit Account No. 19-4880. Please also credit any overpayments to said Deposit Account.

8. Deposit Account Number:
19-4880
(Attach duplicate copy of this page if paying by deposit account)

DO NOT USE THIS SPACE

9. Statement and signature.

To the best of my knowledge and belief, the foregoing information is true and correct and any attached copy is a true copy of the original document.

Jeffrey A. Schmidt # 41,574
Brian W. Hannon Reg. No. 32,778

October 23, 2002
Date

Total number of pages including cover sheet, attachments, and documents: 4

Mail documents to be recorded with required cover sheet information to:
Commissioner of Patents & Trademarks
Box Assignment
Washington, D.C. 20231

10/28/2002 DBYRNE 00000210 09959419
01 FC:8021 40.00 OP

REGISTRY OF THE COMMERCIAL COURT OF ROMANS

Registry Code: 26 02

Reference Number : **91 B 380**
TCR Registration Number : **382 975 639**
Name or Denomination : **VALIDY**

Sign :

TRADE AND COMPANIES REGISTER

(signed)

REGISTRATION	RECORDAL	
☐ MAIN	☐ ADDITION	☐ CORRECTION
☐ SECONDARY	☒ MODIFICATION	☐ CANCELLATION

Arrival date at the Registry: **04/12/2002** Arrival number at the Registry: **1931**

NOTA

The Registrars and the INPI are compelled to deliver, and only they are authorized to do so, to anyone who requests, the certificates, copies or extracts of the recordals entered on the Register and acts filed as an appendix, except where the recordals which have been cancelled are concerned, and which are communicated within the conditions fixed by the Statute Order (of September 24, 1984), provided for in Article 88 (decree No. 84-406 of May 30, 1984, Article 67).

DOCUMENTS IN PROOF :
CONTROLLED ACTIVITIES (document No. 24) :
FILING DATE OF THE ARTICLES OF INCORPORATION : **04/09/2002**
OBSERVATIONS OF THE REGISTRAR :

The conformity of the declarations herein enclosed, with documents in proof produced in appliance of the regulations, has been checked by the undersigned Registrar, who has consequently proceeded with the recordal designated above.

SPACE RESERVED FOR THE NATIONAL TRADE AND COMPANIES REGISTER

FRENCH PATENT AND TRADEMARK OFFICE

RECORDAL DATE: **04/12/2002**

Certified, the Registrar

(signed)

[seal from the COMMERCIAL COURT OF ROMANS (DROME)]

[SEAL FROM THE FRENCH PATENT AND TRADEMARK OFFICE]

FOR CERTIFIED TRUE COPY AT THE R.N.C.S. PARIS, ON

08/21/02

FOR THE GENERAL MANAGER OF THE N.I.I.P. THE HEAD OF DIVISION

THE ORIGINAL ISSUED BY RECORD OFFICE OF THE TRIBUNAL DE COMMERCE IS DRAWN UP ON WOVEN PAPER

Cerfa

M2 No. 90-0195

Declaration presented to the CFE on

reserved for the competent CFE

DECLARATION OF MODIFICATION

LEGAL ENTITIES reserved to the competent CFE

- of the **COMPANY**: IDENTIFICATION ☒ CHARACTERISTICS ☒ MANAGERS ☐ TRANSFER OF HEAD OFFICE ☒ DISSOLUTION ☐
  and/or supplemental IDENTIFICATION
- of the **ESTABLISHMENT**: OPENING ☐ IDENTIFICATION ☐ (including TRANSFER) MANAGERS ☐ ACTIVITIES ☐ CLOSING ☐
- **Other modifications** (to be specified, if any): conversion into an S.A.S.

Amended decree No. 81-257 of March 18, 1981 creating company formality centers

NUMBER(S) OF MAIN REGISTRATION

TCR ROMANS B 382 975 639 (Trade and Companies Register) SIREN CR (Crafts Register)

IDENTIFICATION / if need be **NEW IDENTIFICATION** on: . 03/16/2002
DENOMINATION: VALIDY
SIGN

PREVIOUS IDENTIFICATION in case of Modification:
DENOMINATION: EURO 3 WSSA
SIGN

HEAD OFFICE (or if transfer, new head office): ADDRESS including if necessary the IDENTITY OF THE PAYING AGENT (Full name or Denomination):
Zone Industrielle – 5, rue Jean Charcot (26100) ROMANS
SIRET No.

LEGAL FORM: S.A.S.
MAIN ACTIVITIES OF THE COMPANY: Research, creation, development of new products. Providing data processing service. 03/16/2002 date of modification
NUMBER OF EMPLOYEES of the company: date of modification

TRADE NAME: date of modification
CAPITAL amount: 40,000 Euros or if company with variable capital, minimum amount: FF. 03/16/2002 date of modification
DURATION of the legal entity: 50 years; if company obliged to make public its accounts, DATE OF CLOSING of business year: 12/31 date of modification

MANAGERS and if need be, DIRECTORS, TITULAR AUDITORS and PARTNERS jointly and indefinitely responsible for the corporate debts, MEMBERS OF THE GIE LIQUIDATORS. For the hereinafter described **Establishment**, if necessary, People allowed to assume responsibility of the company by signing (AUTHORIZED REPRESENTATIVE(S), JOINT PROPRIETORS OF THE GOODWILL).

FULL NAME
or DENOMINATION: Mr. Gilles SGRO born on 08/16/1960 in Albertville (73) NEW ☐ DEPARTING ☐ MAINTAINED BUT MODIFIED ☒
DOMICILE
or HEAD OFFICE ADDRESS:

previous position: Chairman — present or new position — born on — department — birthplace — nationality

FULL NAME
or DENOMINATION: Mrs. Laurence SGRO 03/16/2002 date of modification
DOMICILE
or HEAD OFFICE ADDRESS: NEW ☐ DEPARTING ☒ MAINTAINED BUT MODIFIED ☐

previous position: Director — present or new position — born on — department — birthplace — nationality

FULL NAME
or DENOMINATION: Mr. Christophe CUENOD 03/16/2002 date of modification
DOMICILE
or HEAD OFFICE ADDRESS: NEW ☐ DEPARTING ☒ MAINTAINED BUT MODIFIED ☐

previous position: Director — present or new position — born on — department — birthplace — nationality

List to follow on interpolate sheet(s): YES ☐ NO ☒

In case of DISSOLUTION: the company continues its business activities in view of the liquidation: YES ☐ NO ☐, specify in the MANAGERS' box the references of the LIQUIDATOR(S).
State the title and the date of the Journal of Legal Announcements which published the appointment of the liquidator(s): 03/16/2002 date of modification

In case of TRANSFER of the HEAD OFFICE within the competence of another Court, state the REGISTRAR'S OFFICES where the secondary registrations are eventually recorded:
List to follow on interpolate sheet(s): YES ☐ NO ☐

In case of MODIFICATION of the CAPITAL as a result of a MERGER ☐ or of a SCISSION ☐, Legal Entities having participated in the operation (Denomination, Legal Form, Head Office Address, TCR No.):
List to follow on interpolate sheet(s): YES ☐ NO ☐

CONCERNED ESTABLISHMENT / and if need be **NEW IDENTIFICATION** on:
ADDRESS: - if different from that of the head office (MAIN ESTABLISHMENT if it is the head office)
- if transfer, new address:

SIRET No.:

PREVIOUS ESTABLISHMENT in case of transfer
PREVIOUS ADDRESS if change resulting from a decision of the town council
ADDRESS:

This establishment is (for the company): new ☐ modified ☐ suppressed ☐
CATEGORIES: head office ☐ main establishment ☐ secondary establishment ☐
SIGN : eventually

In case of transfer of the HEAD OFFICE or of the ESTABLISHMENT, SIRET No.:
If an employee is not anymore employed, date: Maintenance of an activity at the previous head office: YES ☐ NO ☐

ANALYSIS OF THE ENTERED MODIFICATION

In case of OPENING of the establishment, of MODIFICATION OF THE MODE OF EXPLOITATION, OF and ORIGIN:
ADDITION of an ACTIVITY, specify the date of modification:
☐ founding ☐ transfer of activity ☐ purchase ☐ contribution ☐ resumption after management leasing ☐ taking on management leasing ☐ other (specify)

In case of CLOSING of the establishment, of MODIFICATION OF THE MODE OF EXPLOITATION, of and PURPOSE:
SUPPRESSION of the ACTIVITY, specify the date of modification: 08.31.2000
☐ disappearance ☐ transfer of activity ☐ sale ☐ contribution ☐ resumption by the owner ☐ offering for management leasing ☐ other (specify)

Identity of the PREVIOUS OWNER (full name or denomination):
TCR or SIREN No.:
If need be, date of cancellation or of modification on the TCR of the previous owner:

Identity of the BENEFICIARY (full name, domicile or denomination, head office address):

In case of ACQUISITION of the GOODWILL (by PURCHASE or CONTRIBUTION), state the title and the date of the Journal of Legal Announcements which published the assignment:
In case of TAKING ON MANAGEMENT LEASING, state the duration of the contract: from to and if it is renewable by tacit renewal: YES ☐ NO ☐
Identity of the GOODWILL LESSOR : full name, domicile or denomination, head office address

ACTIVITIES exercised in this establishment on the date of the formality : sedentary ☐ non sedentary ☐ ☐ travelling /as a result of ☐ beginning ☐ modification ☐ end of the business activities

MAIN ACTIVITY:

SECONDARY ACTIVITIES:

Possible observations from the declarant or other modification(s): date of modification

No modifications from the Auditor.

PERMANENT ADDRESS: FIDAL VALENCE AGENT

The undersigned: Mr. Gilles SGRO (name in full - if agent, further specify his position and address)

requests that this document constitute an application for **REGISTRATION** on the **TCR** ☐, on the **CR** ☐, on the **RSAC** ☐, on the **REBA** ☐,
for **CANCELLATION** on the **TCR** ☐, on the **CR** ☐, on the **RSAC** ☐, on the **REBA** ☐,

and declaration for the Tax Offices, for the Social Security Organizations, for the INSEE and if it is or ceases to be an EMPLOYER, to the Work Inspection and to the ASSEDIC:

Done in:
on: *04/08/2002*
signature(s): *(signed)*