

PATENT ASSIGNMENT

Electronic Version v1.1
 Stylesheet Version v1.1

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	Change of Address
CONVEYING PARTY DATA	
Name	Execution Date
FAURE HERMAN	02/21/1996
RECEIVING PARTY DATA	
Name:	FAURE HERMAN
Street Address:	5, avenue des Andes
City:	Les Ulis
State/Country:	FRANCE
Postal Code:	91940
PROPERTY NUMBERS Total: 1	
Property Type	Number
Patent Number:	6164905
CORRESPONDENCE DATA	
Fax Number:	(260)460-1700
<i>Correspondence will be sent via US Mail when the fax attempt is unsuccessful.</i>	
Phone:	260-424-8000
Email:	Michelle.Davis@bakerd.com
Correspondent Name:	Anthony Niewyk
Address Line 1:	Baker & Daniels
Address Line 2:	111 East Wayne Street, Suite 800
Address Line 4:	Fort Wayne, INDIANA 46802
NAME OF SUBMITTER:	Anthony Niewyk
Total Attachments: 7 source=HER0014C#page1.tif source=HER0014C#page2.tif source=HER0014C#page3.tif source=HER0014C#page4.tif source=HER0014C#page5.tif source=HER0014C#page6.tif	

CH \$40.00 6164905

GREFFE DU TRIBUNAL
DE : GREFFE
DU TRIBUNAL DE COMMERCE

REGISTRE DU COMMERCE ET DES SOCIÉTÉS

IMMATRICULATION PRINCIPALE INSCRIPTION COMPLÉMENTAIRE CORRECTION
 SECONDAIRE MODIFICATIVE RADIATION

Date d'arrivée au Greffe :

21 FEV. 1996

Numéro d'arrivée au Greffe :

2076

NOTA :

Les Greffiers et l'Institut National de la Propriété Industrielle sont seuls habilités à délivrer à toute personne qui en fait la demande des certificats, copies ou extraits des inscriptions portées au registre et actes déposés en annexe, sauf en ce qui concerne les inscriptions radiées, qui sont communiquées dans les conditions fixées par l'arrêté (du 24 septembre 1984), prévu à l'article 88 (décret n° 84-406 du 30 mai 1984, art. 67)

PIÈCES JUSTIFICATIVES :

ACTIVITÉS RÉGLEMENTÉES (pièce n° 24) :

DATE DE DÉPÔT DES STATUTS :

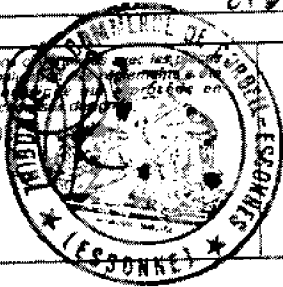
OBSERVATIONS DU GREFFIER :

A 1679 du 21 FEV 1996

SIOF du 03/02/95

La conformité des déclarations justificatives produites en application de l'article 11 du décret n° 10.08.83 a été vérifiée par le Greffier, sous la responsabilité de ce dernier, en conséquence à l'inscription de la société.

DATE DE L'INSCRIPTION :
Certifié, le Greffier



CADRE RÉSERVÉ

AU REGISTRE

NATIONAL

DU COMMERCE

ET DES SOCIÉTÉS
LE PRESENT COPIÉ CERTIFIÉ CONFORME

13/04/05

CADRE RÉSERVÉ
A L'INSTITUT
NATIONAL
DE LA PROPRIÉTÉ
INDUSTRIELLE

La conformité des déclarations justificatives produites en application de l'article 11 du décret n° 10.08.83 a été vérifiée sous notre responsabilité.

DATE DE L'INSCRIPTION :
Le Président de la Chambre de Métiers :

4

STAGE D'INITIATION A LA GESTION

Arrêté - date de délivrance :
Dispense - motif de la dispense :

Production des renseignements demandés :
Demande de renseignements complémentaires :
Date du dépôt de la demande :
Date de l'inscription de la décision :

Prise en compte de la décision du Président :
PV n° : en date du :
Accord Refus

Affichage du :

Relevé du registre à sources :

espèces chèques bancaires chèques postaux

Paiement de la redevance : 40 F

Date de la notification :

Date de la transmission à la Commission de Répertoire :

Date de la transmission :

en cas de PASSAGE EN COMMISSION DU REPERTOIRE DES MÉTIERS (articles 12 et 13 du décret du 10.08.83)

COLLABORATEUR (Personnes Physiques uniquement)

RADIATION DE MENTION DE CONJOINT

DEMANDE DE RADIATION

DECLARATION DE MODIFICATION

INSCRIPTION DE MENTION DE CONJOINT

DEMANDE D'IMMATRICULATION

REPERTOIRE DES MÉTIERS

CHAMBRE DE MÉTIERS

PATENT

REEL: 016334 FRAME: 0750

Côte réservée à la Chambre de Métiers

NUMÉRO D'IMMATRICULATION RM

NOM OU DÉNOMINATION

SIREN

RM

Numéro de gestion :

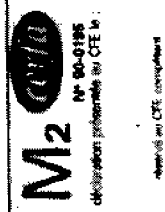
Numéro de référence :

878 756

NUMÉRO D'IMMATRICULATION RCS : 777 335 944

NOM OU DÉNOMINATION :

Pauline Deman



PERSONNE MORALE
Révisé au CFE comptable
M G U I D A B E F H J K T
intercalaires joints

DECLARATION DE MODIFICATION
- EN L'ENTREPRISE : IDENTIFICATION CARACTÉRISTIQUES TRANSFERT DE SIÈGE DISSOLUTION
- EN L'ÉTABLISSEMENT : IDENTIFICATION DIRIGEANTS ACTIVITÉS FERMETURE
Autres modifications (à préciser, s'il y a lieu) : changement de domicile d'ADMINISTRATEURS

QUELLE QUE SOIT LA FORMALITÉ, LES RUBRIQUES SUR FOND ROUGE DOIVENT OBLIGATOIREMENT ÊTRE REMPLIES ET SI LA MODIFICATION CONCERNE UN ÉTABLISSEMENT, LES RUBRIQUES SUR FOND NOIR DOIVENT AUSSI ÊTRE REMPLIES

IDENTIFICATION / et le cas échéant NOUVELLE IDENTIFICATION au :
DÉNOMINATION :
SIEGE (ou en cas de transfert, nouveau siège) :
N° SIRET :

FORME JURIDIQUE :
PRINCIPALES ACTIVITÉS DE L'ENTREPRISE : Production et vente de tous appareils ou produits quelconques et spécialement de
mesure, de comptage et de calcul

NOM COMMERCIAL :
CAPITAL montant :
DURÉE de la Personne Morale :
DIRIGEANTS et le cas échéant, ADMINISTRATEURS, COMMISSAIRES AUX COMPTES et ASSOCIÉS tenus indéfiniment et solidairement des dettes sociales, MEMBRES du GIE, LIQUIDATEURS :

NOM D'ORIGINE :
ou ADRESSE DU SIÈGE :
NOM COMMERCIAL :
ou ADRESSE DU SIÈGE :

NOM D'ORIGINE :
ou ADRESSE DU SIÈGE :
NOM COMMERCIAL :
ou ADRESSE DU SIÈGE :

En cas de DISSOLUTION : la société poursuit son exploitation pour les besoins de la liquidation : OUI NON
Indiquer le titre et la date du journal d'annonces légales ayant publié la nomination du (ou des) liquidateur(s) :

En cas de TRANSFERT DU SIÈGE dans le ressort d'un autre Tribunal, indiquer les GREFES ou sont éventuellement souscrites les immatriculations secondaires :
Liste à suivre sur intercalaires : OUI NON

En cas de MODIFICATION DU CAPITAL à la suite d'une FUSION ou d'une SCISSION ou d'une LIQUIDATION, Forme Juridique, Adresse du siège, n° RCS :
Liste à suivre sur intercalaires : OUI NON

PATENT

Reference Number: 87B756

Registration number with the RCS (Trade Register): 777 335 944

Name or Designation: *Etablissements Faure Herman*

Acronym:

[Seal of the Evreux Commercial Court]
 Signature: 21/02/96

REGISTRAR OF THE COURT
 OF: **REGISTRAR OR
 COMMERCIAL COURT
 CORBEIL ESSONNES**
 REGISTRAR CODE:

Space reserved for the Registrar
 Reserved to relevant CFE
 M GUIDABEFHJKT
 Statutory document enclosed
 Separate sheets enclosed

TRADE AND COMPANIES REGISTER

REGISTRATION	<input type="checkbox"/> MAIN <input type="checkbox"/> SECONDARY	<input checked="" type="checkbox"/> ENTRY <input checked="" type="checkbox"/> MODIFYING	<input type="checkbox"/> ADDITIONAL <input type="checkbox"/> WITHDRAWAL
Registrar Reception Date: Feb. 21 st , 1996		Inscription N°: 3036	

NOTE : The Registrars and the *Institut National de la Propriété Industrielle* (National Institute of Industrial Property) are compelled to and are the only parties authorized to issue, to any party requesting such certificates, copies or excerpts of entries performed in the Register and documents filed in appendix thereto, with exception made for entries of withdrawal which are notified in the conditions set down by the (*September 24, 1984*) Order as detailed in Article 88 (Decree N° 84-406 of May 30, 1984, Article 67).

DOCUMENTS-IN-PROOF: A 1679 DATED FEB. 21, 1996

ACTIVITIES GOVERNED (Exhibit N° 24):

ARTICLES OF INCORPORATION FILED ON:

REGISTRAR'S REMARKS: SIDF OF 03/02/95

The conformity of the statements appended hereto with the documents-in-proof shown in compliance with the regulations has been verified by the undersigned Registrar who has, consequently, performed the entry described hereinabove. DATE OF THE ENTRY: CERTIFIED, THE REGISTRAR.		SQUARE RESERVED FOR THE NATIONAL TRADE REGISTER	

STAMP: CERTIFIED TRUE COPY
 WITH THE RNCS
 PARIS, JUNE 13TH, 2005
 FOR THE MANAGING DIRECTOR
 OF THE FRENCH INPI
 HEAD OF DEPARTMENT
 (SIGNATURE AND OFFICIAL STAMP APPENDED BY
 THE INPI)

M2 *cerfa*
N° 98-0195
Declaration filed with CFE on
11/05/99
Reserved for relevant CFE

DECLARATION OF MODIFICATION
 OF COMPANY: IDENTIFICATION CHARACTERISTICS MANAGEMENT HEAD-OFFICE TRANSFER DISSOLUTION
 AND/OR ADDITIONAL IDENTIFICATION
 OF PREMISES: OPENING IDENTIFICATION MANAGEMENT ACTIVITIES CLOSING
 (INCLUDING TRANSFER)

CORPORATE ENTITY
C5102 6921271

OTHER MODIFICATIONS (IF APPLICABLE, SPECIFY): **MODIFICATION OF DIRECTORS' DOMICILE**
DECRETE N° 81-237 OF MARCH 18, 1981 AMENDED, CREATING COMPANIES TRAINING CENTERS
NUMBER(S) OF MAIN REGISTRATION **B 777 335 944 · RM ·** **87 B 756**
TRADE REGISTER SIREN N° TRADE REPERTORY

WHATEVER FORMALITY IS BEING UNDERTAKEN, THE INFORMATION REQUESTED UNDER THE HEADINGS UNDERScoreD IN RED MUST BE COMPLETED AND, IF THE MODIFICATION CONCERNS OTHER PREMISES, THE HEADINGS UNDERScoreD IN BLACK MUST BE COMPLETED AS WELL.

1A) IDENTIFICATION &, IF APPLICABLE, NEW IDENTIFICATION AT:
 CORPORATE NAME: **ETABLISSEMENTS HERMAN**
 ACRONYM:

1B) FORMER IDENTIFICATION IN EVENT OF MODIFICATION:
 CORPORATE NAME:
 ACRONYM:

HEAD-OFFICE (OR IN EVENT OF TRANSFER, NEW HEAD-OFFICE) ADDRESS INCLUDING, WHERE NECESSARY, AGENT'S NAME (GIVEN & FAMILY NAMES OR CORPORATE NAME):
5, AVENUE DES ANDES - 91940 LES ULIS
 STAMP OF THE FRENCH INPI

SIREN N°:
 2) LEGAL STRUCTURE: **A CORPORATION (SOCIETE ANONYME)**
WHERE APPLICABLE SPECIAL STATUS
 MAIN ACTIVITIES OF COMPANY: **PRODUCTION AND SALE OF ANY AND ALL APPARATUSES OR PRODUCTS IN PARTICULAR FOR MEASURING SIGHTING AND CALCULATION**
DATE OF MODIFICATION

3) TRADE NAME:
 CAPITAL: **FRF** FRF OR OTHER OR IN THE EVENT OF VARIABLE CAPITAL, THE MINIMAL AMOUNT FRF OR OTHER
 CORPORATE TERM: **YEARS, IN EVENT OF OBLIGATION TO PUBLISH ACCTS., DATE OF CLOSING OF FISCAL YR.**
DATE OF MODIFICATION
 SALARIED PERSONNEL OF THE COMPANY **174**
ON THE DAY OF THE APPLICATION

4) MANAGEMENT &, IF APPLICABLE, DIRECTORS, STATUTORY AUDITORS & PARTNERS, SEPARATELY & JOINTLY LIABLE FOR CORPORATE DEBTS, INTER-CO. PARTN. MEMBERS, LIQUIDATORS FOR PREMISES, DESCRIBE, IF ANY, PERSON(S) HAVING COMPANY SIGNATURE [AUTHORIZED REPRESENTATIVE(S)], JOINT OWNERS OF BUSINESS.
 FAMILY & GIVEN NAMES: **JEAN-PIERRE-SALAUIN**
 OR CORPORATE NAME: **2, RUE DES ECOLES, 92330 SCEAUX**
 DOMICILE:
 OR HEAD-OFFICE ADDRESS:

CHAIRMAN OF BOARD OF DIRECTORS
NEW POST DATE OF BIRTH PLACE NATIONALITY
NEW LEAVING WITH MODIFICATION

26/01/95
DATE OF MODIFICATION

JEAN-LOUIS HERRENDONNER

21, RUE DES CHENEAUX, 92330 SCEAUX

FAMILY & GIVEN NAMES:
OR CORPORATE NAME:
DOMICILE:
OR HEAD-OFFICE ADDRESS:

DIRECTOR

NEW POST

DATE OF BIRTH

PLACE

NATIONALITY

26/01/95
DATE OF MODIFICATION

FAMILY & GIVEN NAMES:
OR CORPORATE NAME:
DOMICILE:
OR HEAD-OFFICE ADDRESS:

NEW

DATE OF BIRTH

PLACE

NATIONALITY

DATE OF MODIFICATION

FORMER POST, IF ANY

DATE OF BIRTH

PLACE

NATIONALITY

DATE OF MODIFICATION

LIST TO FOLLOW ON SEPARATE SHEET YES NO

5) IN EVENT OF DISSOLUTION: IF OPERATION IS CONTINUING FOR CLOSING-OUT: YES NO

Indicate the title and issue date of the legal publication which published the names of the liquidator(s)

6) IN EVENT OF TRANSFER OF HEAD OFFICE TO JURISDICTION OF ANOTHER COMMERCIAL COURT, SPECIFY REGISTRARS WHERE SECONDARY ENTRIES MAY BE FOUND:

LIST TO FOLLOW ON SEPARATE SHEET YES NO

7) IN EVENT OF MODIFICATION OF CAPITAL AFTER MERGER OR SEPARATION OR CORP. ENTITIES PARTICIPATING IN OPERATION (CO. NAME, LEGAL STRUCT., HD-OFF. ADDRESS, CORP. REG. N°):

LIST TO FOLLOW ON SEPARATE SHEET YES NO

8) IF THE APPLICATION CONCERNS OTHER PREMISES, THE HEADINGS UNDERScoreD IN BLACK MUST BE COMPLETED.

9A) PREMISES CONCERNED &, IF APPLICABLE, NEW IDENT. AS OF **26/01/95**

ADDR. IF NOT SAME AS HD. OFF. (OR SUCH, IF SO): IN EVENT OF TRANSFER, NEW ADDR.:

5, AVENUE DES ANDES - 91940 LES ULIS

SIRET N°:

10) PREMISES ARE (FOR CO.) NEW MODIFIED CLOSED OUT

CATEGORY(IES): HEAD OFFICES MAIN PREMISES SEC. PREMISES

SIGN (OPTIONAL):

11) IN EVENT OF OPENING OF PREMISES, MODIFICATION OF MODE OF OPERATION, ADDITION OF ACTIVITY, SPECIFY **26/01/95**

DATE OF MODIFICATION

CREATION ACTIVITY PURCHASE CONTRIBUTION MANAGEMENT LEASE RECOVERY

TRANSFER MANAGEMENT LEASE-OUT OTHER (SPECIFY)

ORIGIN:

CLOSING TRANSFER ACTIVITY SALE CONTRIBUTION

RECOVERY BY OWNER LEASE OF MANAGEMENT

OTHER (SPECIFY)

12) IN EVENT OF CLOSING OF PREMISES, MODIFICATION OF MODE OF OPERATION, ADDITION OF ACTIVITY, SPECIFY **21/06/95**

DATE OF MODIFICATION

CLOSING TRANSFER ACTIVITY SALE CONTRIBUTION

RECOVERY BY OWNER LEASE OF MANAGEMENT

OTHER (SPECIFY)

ORIGIN:

CLOSING TRANSFER ACTIVITY SALE CONTRIBUTION

RECOVERY BY OWNER LEASE OF MANAGEMENT

OTHER (SPECIFY)

ORIGIN:

CLOSING TRANSFER ACTIVITY SALE CONTRIBUTION

RECOVERY BY OWNER LEASE OF MANAGEMENT

OTHER (SPECIFY)

ORIGIN:

CLOSING TRANSFER ACTIVITY SALE CONTRIBUTION

RECOVERY BY OWNER LEASE OF MANAGEMENT

OTHER (SPECIFY)

ORIGIN:

CLOSING TRANSFER ACTIVITY SALE CONTRIBUTION

RECOVERY BY OWNER LEASE OF MANAGEMENT

OTHER (SPECIFY)

ORIGIN:

CLOSING TRANSFER ACTIVITY SALE CONTRIBUTION

RECOVERY BY OWNER LEASE OF MANAGEMENT

OTHER (SPECIFY)

ORIGIN:

CLOSING TRANSFER ACTIVITY SALE CONTRIBUTION

RECOVERY BY OWNER LEASE OF MANAGEMENT

OTHER (SPECIFY)

ORIGIN:

CLOSING TRANSFER ACTIVITY SALE CONTRIBUTION

RECOVERY BY OWNER LEASE OF MANAGEMENT

OTHER (SPECIFY)

ORIGIN:

IDENTITY OF PRIOR OPERATOR
FAMILY & GIVEN NAMES OR CORPORATE NAME

IDENTITY OF NEW OPERATOR:
FAMILY & GIVEN NAMES, DOMICILE OR CORPORATE NAME, LEAD OFFICE ADDRESS

TRADE REGISTER N° OR SIREN N°

If applicable, date of withdrawal or modification of Trade Register or Prior Operator:

(THIS MAY BE COMPLETED BY THE REGISTRAR)

(OFFICIAL STAMP APPENDED BY THE FRENCH INPI)

IN EVENT OF ACQUISITION OF BUSINESS (BY PURCHASE OR CONTRIBUTION), INDICATE TITLE & DATE OF LEGAL PUBLICATION WHICH PUBLISHED TRANSFER:

IN EVENT OF MANAGEMENT-LEASE AGREEMENT, INDICATE DURATION OF CONTRACT FROM * * TO * * & IF RENEWABLE BY TACIT AGREEMENT: YES NO

IDENTITY OF THE BUSINESS LESSEE:

FAMILY & GIVEN NAMES, DOMICILE, LEAD OFFICE ADDRESS

13) ACTIVITIES UNDER WAY ON SAID PREMISES ON DAY OF APPLICATION PERMANENT SEASONAL ITINERANT FOLLOWING BEGINNING MODIFICATION END OF OPERATION

14) MAIN ACTIVITY PRODUCTION AND SALE OF ALL APPARATUSES OR PRODUCTS AND IN PARTICULAR FOR MEASURING, SIGHTING AND CALCULATION
SECONDARY ACTIVITIES:

15)

16)

17) NOTES, IF ANY, OF APPLICANT OR OTHER MODIFICATION(S): MODIFICATION OF DIRECTORS' DOMICILE

24/01/95

DATE OF MODIFICATION

18) PERMANENT ADDRESS: **ETS CARRE FOR CORPORATE BODIES - QUOTIDIEN JURIDIQUE FOR TRADE REGISTER** TEL:

19) THE UNDERSIGNED: **VERONIQUE LEMAITRE, 2, RUE SEGUIER - 75006 PARIS (AGENT OF MR J.M. GOSSE)**

FAMILY & GIVEN NAMES; IF AGENT, SPECIFY POSITION & ADDRESS
PLEASE QUOTE OUR REF: VLLJL 900 464

REQUEST THAT THIS DOCUMENT BE ACCEPTED AS AN APPLICATION FOR REGISTRATION IN RCS , RM , RSAC , REBA
FOR WITHDRAWAL FROM RCS , RM , RSAC , REBA AS WELL
AS DECLARATION TO TAX & HEALTH PLAN SERVICES, INSEE &, IF EMPLOYER OR CEASES SUCH, TO LABOR INSPECTION & NATIONAL EMPLOYMENT AGENCY

IN:

CR:

SUBJECT:

PARIS
25/01/96

signature

(A) NEW (OR MAINTAINED IN THE EVENT OF A TRANSFER OF THE HEAD OFFICES TO ANOTHER REGISTRAR OR OTHER CHAMBER OF TRADE) SPECIFY:

PHYSICAL (NON-CORPORATE) PERSON (EXCEPT RECEIVERS): DATE, PLACE OF BIRTH, NATIONALITY; IF THE DIRECTOR OR ASSOCIATE IS FOREIGN: RESIDENCE OR TRADE PERMIT REFERENCE; IF THE ASSOCIATE IS MARRIED: DATE AND PLACE OF MARRIAGE, TYPE OF MARRIAGE CONTRACT, AND AS NECESSARY, CONTRACTUAL CLAUSES; FOR EVERY GROUP MEMBER: TRADE AND COMPANIES REGISTER N° AND/OR TRADE REGISTRY, AND IF MEMBER IS MARRIED, NAME OF SPOUSE, DATE AND PLACE OF MARRIAGE, MATRIMONIAL REGIME AND POSSIBLE CONTRACTUAL CLAUSES. IN THE CASE OF A MANAGER AND/OR A MAJOR ASSOCIATE OF A LIMITED LIABILITY COMPANY, AN ASSOCIATE OF A GENERAL PARTNERSHIP OR A LIMITED PARTNERSHIP, IN PARTICULAR, JOIN A TNS COMPANY DOCUMENT
COMPANIES: LEGAL STATUS, NAME AND FIRST NAMES OF PERMANENT REPRESENTATIVE; FOR EACH MEMBER OF THE BUSINESS GROUP, TRADE AND COMPANIES REGISTER N° AND/OR TRADE REGISTRY.