

**PATENT ASSIGNMENT**

Electronic Version v1.1  
 Stylesheet Version v1.1

<b>SUBMISSION TYPE:</b>	NEW ASSIGNMENT
<b>NATURE OF CONVEYANCE:</b>	CHANGE OF NAME
<b>CONVEYING PARTY DATA</b>	
<b>Name</b>	<b>Execution Date</b>
Compagnie Generale Des Eaux	12/30/2005
<b>RECEIVING PARTY DATA</b>	
<b>Name:</b>	Veolia Eau - Compagnie Generale Des Eaux
<b>Street Address:</b>	52 Rue D'Anjou
<b>City:</b>	Paris
<b>State/Country:</b>	FRANCE
<b>Postal Code:</b>	75008
<b>PROPERTY NUMBERS Total: 1</b>	
<b>Property Type</b>	<b>Number</b>
Application Number:	10297050
<b>CORRESPONDENCE DATA</b>	
<b>Fax Number:</b>	(202)737-3528
<i>Correspondence will be sent via US Mail when the fax attempt is unsuccessful.</i>	
<b>Phone:</b>	202-628-5197
<b>Email:</b>	raed@browdyneimark.com
<b>Correspondent Name:</b>	Browdy and Neimark, PLLC
<b>Address Line 1:</b>	624 Ninth Street, NW, Suite 300
<b>Address Line 4:</b>	Washington, DISTRICT OF COLUMBIA 20001
<b>ATTORNEY DOCKET NUMBER:</b>	VENTRESQUE1
<b>NAME OF SUBMITTER:</b>	Roger L. Browdy
<b>Total Attachments: 7</b> source=ChangeofName#page1.tif source=ChangeofName#page2.tif source=ChangeofName#page3.tif source=ChangeofName#page4.tif source=ChangeofName#page5.tif	

OP \$40.00 10297050

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M2

COSA

N°11682\*01

# DECLARATION DE MODIFICATION

## PERSONNE MORALE

RESERVE AU CFF MCHINDREU IKT

Déclaration reçue le 06/01/06

G7552 9101936

- Dénomination, forme juridique, capital
- Déclaration relative à un établissement : (ouverture, modification, transfert, mise en location gérance, fermeture)
- Reprise d'activité
- Transfert du siège
- Dissolution
- Prise d'activité d'une société créée sans activité
- Cessation totale d'activité sans disparition de la personne morale
- Autre

0658

DATE - GELIE

S75 255

### REPLIR DANS TOUS LES CAS les cadres n° 1, 2, 17, 18 ET LES MENTIONS NOUVELLES OU MODIFIEES en indiquant la date de l'évènement.

#### RAPPEL D'IDENTIFICATION AVANT MODIFICATION

N° UNIQUE D'IDENTIFICATION [5,7,1,2,0,2,1,5,1,5,1,2,1,6]

IMMATRICULATION AU RCS DU GREFFE DE Paris

Forme Juridique S.C.A.

Dénomination / Sigle COMPAGNIE GENERALE DES EAUX

Siège ou 1er établissement en France pour les sociétés étrangères :  
 rés., bat., n° voie, lieu dit 52, rue d'Anjou  
 Code Postal 75008 Commune Paris

#### Designation du centre des impôts où ont été déposés les dernières déclarations de résultats et de TVA

Date 10 JAN. 2006

DENOMINATION VEOLIA EAU - COMPAGNIE GENERALE DES EAUX

Forme Juridique Société réduite à un associé unique

Durée de la personne morale

Date de clôture de l'exercice social

Nom commercial

Capital : montant, unité monétaire

Si capital variable : Montant minimum

Continuation de la société malgré un actif net inférieur à la moitié du capital social

Reconstitution des capitaux propres

DECLARATION RELATIVE A LA MODIFICATION DE LA PERSONNE MORALE

Fusion  Scission. Cette opération entraîne  une augmentation de capital

Personnes morales ayant participé à l'opération G.I.C. de Paris

Forme Juridique S.C.A.

Date de parution 10 JAN. 2006

Adresse de liquidation :  siège  adresse du liquidateur  autre : \_\_\_\_\_

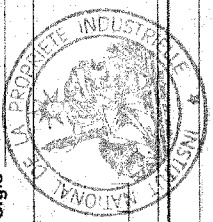
N° DE DÉPÔT 06/01/06

Indiquer le liquidateur au cadre 15. Dans le cas de fermeture d'établissement(s), remplir cadre 8

Norm du journal d'annonces légales \_\_\_\_\_

Dislocation

Suite sur intercalaire M'



#### DECLARATION RELATIVE A UN ETABLISSEMENT

Cette demande concerne  UNE OUVERTURE  UNE MODIFICATION  UN TRANSFERT  UNE MISE EN LOCATION GERANCE  UNE FERMETURE

Date \_\_\_\_\_

ETABLISSEMENT TRANSFERE OU FERME

ANCIEN ETABLISSEMENT :  Siège  Etablissement principal

Siège-Etablissement principal  Etablissement secondaire  Premier établissement en France d'une société étrangère

Adresse : rés., bat., n°, voie, lieu dit (Si différente de celle du cadre 2) \_\_\_\_\_

Code postal \_\_\_\_\_ Commune \_\_\_\_\_

Date \_\_\_\_\_

ADRESSE : rés., bat., app., étage, n°, voie, lieu dit \_\_\_\_\_

Code postal \_\_\_\_\_ Commune \_\_\_\_\_

Contrat de domiciliation : Norm du domiciliaire \_\_\_\_\_

N° unique d'identification \_\_\_\_\_

POUR UN ETABLISSEMENT MODIFIE : Présence de salariés  oui  non

Il devient  Principal  Secondaire (seulement si changement de nature).

POUR UN ETABLISSEMENT CREE :  Siège  Etablissement principal

Etablissement principal  Etablissement secondaire, dans ce cas, est-il permanent

et dirigé par une personne ayant le pouvoir de lier des rapports juridiques avec les tiers  oui  non

Elle leur garantit un droit d'accès et de rectification pour les données les concernant auprès des organismes destinataires de ce formulaire.

PATENT

REEL: 018230 FRAME: 0330





N°11769701

# BORDEREAU DE LIAISON - INPI TOUTES DECLARATIONS AU RCS ET/OU AU RM

Imprimé : \_\_\_\_\_  
N° attribué par le CFE \_\_\_\_\_

IDENTITE DU DECLARANT : N° unique d'identification _____ Nom et prénoms ou Dénomination _____	
<b>CADRE RESERVE AU GREFFE</b> CODE GREFFE _____ TRIBUNAL DE _____ NUMERO DE GESTION _____	
IMMATRICULATION <input type="checkbox"/> IMMATRICULATION PRINCIPALE <input type="checkbox"/> IMMATRICULATION SECONDAIRE	INSCRIPTION <input type="checkbox"/> INSCRIPTION COMPLEMENTAIRE <input checked="" type="checkbox"/> INSCRIPTION MODIFICATIVE SUR DECLARATION <input type="checkbox"/> INSCRIPTION MODIFICATIVE D'OFFICE <input type="checkbox"/> INSCRIPTION RECTIFICATIVE
N° CHRONOLOGIQUE D'ARRIVEE AU GREFFE _____	RADIATION <input type="checkbox"/> RADIATION SUR DECLARATION <input type="checkbox"/> RADIATION D'OFFICE
OBSERVATION DU GREFFIER	date de dépôt des statuts _____ La conformité des déclarations ci-annexées avec les pièces justificatives produites en application des règlements a été vérifiée par le Greffier soussigné qui a procédé en conséquence à l'inscription ci-dessus désignée DATE DE L'INSCRIPTION _____ Certifié, le Greffier : _____
<b>CADRE RESERVE AU REPERTOIRE DES METIERS</b> CHAMBRE DE METIERS DE _____ NUMERO DE GESTION _____	
IMMATRICULATION <input type="checkbox"/> DECLARATION D'IMMATRICULATION <input type="checkbox"/> IMMATRICULATION D'OFFICE SUR DECISION DU PRESIDENT	MODIFICATION <input type="checkbox"/> DECLARATION DE MODIFICATION
STAGE DE PREPARATION A L'INSTALLATION : (Article 2 de la loi du 23/12/83)	RADIATION <input type="checkbox"/> DECLARATION DE RADIATION <input type="checkbox"/> RADIATION D'OFFICE SUR DECISION DU PRESIDENT
EN CAS DE DECISION DU PRESIDENT DE LA CHAMBRE DE METIERS : (Article 17 du décret 98-247 du 02/04/98)	DATE DE DELIVRANCE DE L'ATTESTATION : _____ DISPENSE - MOTIF DE LA DISPENSE : _____ DATE DU DEPOT DE LA DEMANDE : _____ DECISION DU PRESIDENT : <input type="checkbox"/> ACCORD <input type="checkbox"/> REJET
OBSERVATION INPI / REPERTOIRE CENTRAL DES METIERS	La conformité des déclarations ci-annexées avec les pièces justificatives produites en application des règlements a été vérifiée sous notre responsabilité DATE DE L'INSCRIPTION _____ Certifié, le Président de la Chambre de Métiers : _____ (tampon)

# DECLARATION OF MODIFICATION

No. 11682/01

Declaration n° 67552 9101936

Received on \_\_\_\_\_ transmitted on \_\_\_\_\_

**LEGAL ENTITY**

Denomination, legal form, capital  Transfer of head office

Declaration relating to an establishment: (opening, modification, transfer, offering for management leasing, closure)

Resuming activities  Dissolution

Taking on activities of a company founded without any activity  GIE - GEIE

Complete stoppage of activity without disappearance of the legal entity 57B2552

Other

## FILL IN IN ANY CASE all of the boxes Nos. 1, 2, 17, 18 AND THE NEW OR AMENDED MENTIONS by indicating the date of the event

### REMINDEUR OF THE IDENTIFICATION PRIOR TO MODIFICATION

Denomination / Sign COMPAGNIE GENERALE DES EAUX

Legal Form S.C.A.

Head office or 1st Establishment in France for foreign companies:  
 Building, no. 52 Rue d'Antioch  
 District PARIS

## DECLARATION RELATIVE TO THE MODIFICATION OF THE LEGAL ENTITY

**1** 12-30-2005 DENOMINATION VEOLIA EAU - COMPAGNIE GENERALE DES EAUX Sign \_\_\_\_\_

Legal Form \_\_\_\_\_

Company reduced to a sole partner

Duration of the legal entity \_\_\_\_\_

Closure date of business year: \_\_\_\_\_

Trade name \_\_\_\_\_

**4** Capital: amount, monetary unit \_\_\_\_\_  
 If variable capital: *minimum amount* \_\_\_\_\_

Continuation of the company although the net assets are smaller than half of the company capital

Reconstitution of the proper capitals

**5** \_\_\_\_\_  Merger  Scission. This operation results in  an increase of capital

Legal entities having participated in the operation: \_\_\_\_\_

**6** Dissolution

Indicate the liquidator in box 15. In the event of a closure of establishment, fill in box 9

Name of the Official Gazette \_\_\_\_\_ Publishing date \_\_\_\_\_

Liquidation address:  head office  address of the liquidator  other: \_\_\_\_\_

## DECLARATION RELATIVE TO AN ESTABLISHMENT

**7** This application concerns  AN OPENING  A MODIFICATION  A TRANSFER  AN OFFERING FOR MANAGEMENT LEASING  A CLOSURE

**8**  FORMER: ESTABLISHMENT:  Head office  Main establishment

Head office - Main establishment  Secondary establishment  First establishment in France of a foreign company

Address: building, no. \_\_\_\_\_

Postal Code \_\_\_\_\_ District \_\_\_\_\_

**9**  MODIFIED OR FOUNDED ESTABLISHMENT

Address: Building, no. \_\_\_\_\_

Postal Code \_\_\_\_\_ District \_\_\_\_\_

Domiciliation contract: Name of paying agent \_\_\_\_\_

Sole Identification No. \_\_\_\_\_

**IN CASE OF A TRANSFER: Purpose**  Closed  Sold  Other

If an activity is maintained, therefore, the establishment is at  Head office  Main establishment

**IN CASE OF A CLOSURE: Purpose**  Deleted  Sold  Other

If an employee is no longer employed, date \_\_\_\_\_

**IN CASE OF A MODIFIED ESTABLISHMENT:** Presence of salaried staff  Yes  No

becomes  Main establishment *and head office*  Secondary establishment

**IN CASE OF A FOUNDED ESTABLISHMENT:**  Head office  Head office - Main establishment

Main establishment  Secondary establishment, in this case it is a secondary establishment managed by someone who is empowered to link legal reports with third parties  Yes  No

**PATENT**

FOR CERTIFIED TRUE COPY AT THE R.N.C.S.  
 PARIS, ON  
04/06/06 (signed)

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

G.T.C. of PARIS  
 JANUARY 10 2006  
 FILING No. \_\_\_\_\_

SEAL FROM  
 THE FRENCH  
 PATENT AND  
 TRADEMARK  
 OFFICE

**11** ORIGIN FOR A BUSINESS:  
 Foundation, go directly to the following box  
 Purchase  Taking in management leasing  Other  
 Previous owner: Sole identification No. \_\_\_\_\_  
 Birth name / Denomination \_\_\_\_\_ First names \_\_\_\_\_  
 Name in use \_\_\_\_\_  
 Purchase, contribution: Official Gazette, publishing date \_\_\_\_\_  
 Name of Gazette: \_\_\_\_\_ to \_\_\_\_\_  
 Management-leasing: contract dated as of \_\_\_\_\_  
 Renewal by tacit renewal  yes  no  
 Lessor of the business: *if different from the previous owner*  
 Birth name / Denomination \_\_\_\_\_ First names \_\_\_\_\_  
 Name in use \_\_\_\_\_  
 Domicile / Head Office \_\_\_\_\_ District \_\_\_\_\_  
 Postal Code \_\_\_\_\_

**10** ACTIVITY:  sedentary  non sedentary /  traveling  
 Activity(ies) exercised Applying hydraulics to agriculture, industry and dwellings  
 Among such activities, indicate the most important one  
 For such activity, specify the nature thereof by checking only one box:  
 Its nature:  Retail trade  Transportation  Service provision  
 Wholesale trade or trade intermediate  Manufacture, production  The professions  
 Rent. of furnished flats  Assembly, installation  Repair  
 building, construction, public works  Extraction  Other  
 Its place of exercise:  Shop (surface: m<sup>2</sup>)  Office, firm  On markets  
 To customers  Factory  Workshop  Warehouse  
 On work sites  Mine, quarry  Other  
 The main activity of this establishment becomes the main activity of the company  Yes  No  
 In case of modification of the activity, it results from the:  
 addition of an activity  partial deletion of an activity by:  Disappearance  Sale  Taking over by the owner  Other  
 Sign: \_\_\_\_\_

**12** SALARIED STAFF of the establishment founded: hiring date of the first salaried employee \_\_\_\_\_  
 Total amount of salaried staff of the company of which \_\_\_\_\_ apprentices multiproduct representatives \_\_\_\_\_  
**BUSINESS GIVEN IN MANAGEMENT-LEASING**  
 Date \_\_\_\_\_ Salaried staff present within the establishment:  Yes  No  
 Address: Building no. \_\_\_\_\_ Postal Code \_\_\_\_\_ District \_\_\_\_\_  
 Main establishment  Secondary establishment Management-leasing: full name/denomination: \_\_\_\_\_

**13** OFFERING FOR MANAGEMENT-LEASING  The whole business  A part of the business, which \_\_\_\_\_  
**FOR THE SARL COMPANY DECLARATION**  
**14a** In case of a departing or modified majority manager: Social Security No. \_\_\_\_\_ Department \_\_\_\_\_  
 State health department office INS \_\_\_\_\_ Pension fund \_\_\_\_\_

**DECLARATION RELATIVE TO THE DIRECTOR**  
 REPRESENTATIVE OF THE DIRECTING LEGAL ENTITY (only when a text provides theretofor)  
 In case of modification of the representative  New  Departing  Modification of personal situation  
 Birth name \_\_\_\_\_ First names \_\_\_\_\_  
 Name in use \_\_\_\_\_ in \_\_\_\_\_ Nationality \_\_\_\_\_  
 Born on \_\_\_\_\_  
 Domicile \_\_\_\_\_ District \_\_\_\_\_  
 Postal Code \_\_\_\_\_  
**15a**  DEPARTING Birth name, name in use, first names / Denomination and legal form \_\_\_\_\_

**15** IN CASE OF DECLARATION OF MODIFICATION  New  Departing  
 Modification of personal situation  Maintained former capacity  
**CAPACITY**  
 For business companies, can the interested party commit the company on his own  Yes  No  
 Birth name / Denomination \_\_\_\_\_ First names \_\_\_\_\_  
 Name in use \_\_\_\_\_ Nationality \_\_\_\_\_  
 Born on \_\_\_\_\_ in \_\_\_\_\_  
 Denomination, legal form \_\_\_\_\_  
 Domicile / Head Office \_\_\_\_\_ District \_\_\_\_\_  
 Postal Code \_\_\_\_\_  
 When a legal entity, Recordal place and No. \_\_\_\_\_

**16** OBSERVATIONS: \_\_\_\_\_  
**17** Correspondance address  Declared in box No. 3  Other \_\_\_\_\_  
 Postal Code \_\_\_\_\_ District \_\_\_\_\_  
**18**  THE LEGAL REPRESENTATIVE full name/denomination and address \_\_\_\_\_  
 THE ATTORNEY IDF Formalités - 61 Boulevard Haussmann - 75008 PARIS  
 ANOTHER PERSON \_\_\_\_\_  
 Certifies the accuracy of the information given  
 Done in PARIS  
 On 01/05/2006  
 Number of interpolate sheet(s) INS  
 SIGNATURE \_\_\_\_\_ (signed illegible)  
 Telephone(s) \_\_\_\_\_  
 Fax / e-mail \_\_\_\_\_  
 Sign each sheet separately

**SUPPLEMENTARY INFORMATION**

*(seal from the French Patent and Trademark Office)*

**RELATION SHEET - INPI<sup>1</sup>  
ANY DECLARATIONS AT THE TCR<sup>2</sup> AND/OR CR<sup>3</sup>**

Form : \_\_\_\_\_  
No. allocated by the CFE \_\_\_\_\_

IDENTIFY OF THE DECLARANT: Sole identification No. \_\_\_\_\_  
Full name or Denomination \_\_\_\_\_

**SIDE RESERVED FOR THE REGISTRAR**

REGISTRAR CODE: 75-01 COURT OF PARIS MANAGEMENT NUMBER 57B2552

REGISTRATION	RECORDAL	CANCELLATION
<input type="checkbox"/> MAIN REGISTRATION <input type="checkbox"/> SECONDARY REGISTRATION	<input type="checkbox"/> ADDITIONAL RECORDAL <input checked="" type="checkbox"/> MODIFYING RECORDAL ON DECLARATION <input type="checkbox"/> AUTOMATIC MODIFYING RECORDAL <input type="checkbox"/> CORRECTING RECORDAL	<input type="checkbox"/> CANCELLATION ON DECLARATION <input type="checkbox"/> AUTOMATIC CANCELLATION

ARRIVAL NUMBER AT THE REGISTRY: \_\_\_\_\_ date \_\_\_\_\_ filing date of articles of incorporation \_\_\_\_\_

OBSERVATIONS OF THE REGISTRAR:	(stamp)	<i>The conformity of the declarations herein enclosed, with documents in proof produced in appli-ance of the regulations, has been checked by the undersigned Registrar, who has consequently proceeded with the recordal designated above.</i>
OBSERVATION OF INPI/OF TRADE AND COMPANIES REGISTRY		RECORDAL DATE: Certified by the Registrar

**PATENT**

[SEAL FROM THE FRENCH PATENT AND TRADEMARK OFFICE]

1 French Patent and Trademark Office  
 2 Trade and Companies Register  
 3 Crafts Register



I, the undersigned, Marie-Claude NIEPS, Head of the Translation Department at CABINET BEAU DE LOMENIE, 158 rue de l'Université 75007 PARIS, FRANCE, do hereby declare that I am conversant with the English and French languages and that I am a competent translator thereof. I further declare that to the best of my knowledge and belief the following is a true and correct translation made by me of the documents in the English language attached hereto.

Je soussignée, Marie-Claude NIEPS, Responsable du Service Traduction au CABINET BEAU DE LOMENIE, 158 rue de l'Université, 75007 PARIS, FRANCE, déclare par les présentes que je connais couramment la langue anglaise et la langue française et que je suis une traductrice compétente dans ces deux langues. Je déclare de plus que pour autant que je le sache et que je le pense, ce qui suit est une traduction sincère et véritable des documents anglais ci-annexés.

PARIS, le 03 MAI 2006



Marie-Claude NIEPS

CABINET BEAU DE LOMENIE  
158 rue de l'Université  
75340 PARIS CEDEX 07