

03-30-2007

Substitute for Form PTO-1595

Page 1 of 1



103389167

Attorney's Docket No. 1017751-000044

To the Director of the U.S. Patent and Trademark Office: Please record the attached documents or the new address(es) below.

DOC ID. NO. 103374907

1. Name of conveying party(ies):

SOCIETE LABORATOIRES DES PRODUITS ETHIQUES ETHYPHARM

2. Name and address of receiving party(ies):

ETHYPHARM
21 Rue Saint Mathieu
78550 Houdan, France

3. Nature of Conveyance/Execution Date(s):

Corrective Assignment

- | | |
|--|--|
| ☐ Assignment | ☐ Executive Order 9424 Confirmatory License |
| ☐ Security Agreement | ☐ Merger |
| ☐ Joint Research Agreement | ☐ Change of Name |
| ☐ Government Interest Agreement | |
| ☒ Other: Reel 018804, Frame 0043 | |

4. Application or patent number(s):

A. Patent Application No.(s)

11/509,806

B. Patent No.(s)

☐ This document is being filed together with a new application.

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

Name: Brian P. O'Shaughnessy
Address: Buchanan Ingersoll & Rooney PC
Customer Number 21839
P.O. Box 1404
Alexandria, VA 22313-1404

6. Total number of applications and patents involved: 1

7. Total fee (37 CFR 1.21(h) & 3.41) \$ 40

- | |
|---|
| ☐ Authorized to be charged by credit card. PTO Form 2038 attached. |
| ☒ Authorized to be charged to deposit account 02-4800 |
| ☐ Enclosed. |
| ☐ None required (gov't interest not affecting title) |

8.

Signature:

Signature

32747

Reg. No.

March 22, 2007

Date

Brian P. O'Shaughnessy
Name of Person Signing

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

15

FEB-16-2007 14:26

TO: BRIAN P. O'SHAUGHNESSY C

02-26-2007

703 836 7419 P.01/14

ROONEY PC

FEB-27-2007 18:34

703 836 7415 P.01/12

Page 1 of 1

Signature for Form PTO-1506



103374907

Attorney's Docket No. 1817751-000044

To the Director of the U.S. Patent and Trademark Office: Please record the attached documents of the new address(es) below.

700309821A1. Name of conveying party(ies):
SOCIETE LABORATOIRES DES PRODUITS STROQUES ETHYPHARM2. Name and address of receiving party(ies):
ETHYPHARM
24 Rue Saint Mathieu
75550 Houdan, France3. Nature of Conveyance/Execution Date(s):
Corrective Assignment

- ☐ Assignment
☐ Security Agreement
☐ Joint Research Agreement
☐ Government Interest Agreement
☒ Other: Rec'd 018904, France 0043

- ☐ Executive Order 9434 Confirmatory License
☐ Merger
☐ Change of Name

4. Application or patent number(s):

A. Patent Application No.(s)
11/509,886

B. Patent No.(s)

☐ This document is being filed together with a new application.

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

Name: Brian P. O'Shaughnessy
 Address: Buchanan Ingersoll & Rooney PC
 Customer Number 21239
 P.O. Box 1404
 Alexandria, VA 22313-1404

6. Total number of applications and patents involved: 1

7. Total fee (37 CFR 1.21(b) & 3.41) \$ 40

- ☐ Authorized to be charged by credit card. PTO Form 203E attached.
☒ Authorized to be charged to deposit account 02-4820
☐ Enclosed.
☐ None required (gov't interest not affecting title)

8.

Signature:

32747

February 7, 2007

Reg. No.

Date

Brian P. O'Shaughnessy

Name of Person Signing

Total number of pages (including cover sheet, attachments, and documents)

14

Charge 40.00

Documents to be recorded (including cover sheet) should be taken to (571) 273-9140, or mailed to Mail Stop Assignment Recordation Service, Director of the USPTO, P.O. Box 1450, Alexandria, VA 22313-1450

PAGE 1/12 * RCVD AT 2/7/2007 10:12:51 AM [Eastern Standard Time] * SVR:USPTO-EFXRF-3/15 * DWS:2730140 * CSID:703 836 7419 * DURATION (mm:ss):04-00

PAGE 1/14 * RCVD AT 2/16/2007 2:04:47 PM [Eastern Standard Time] * SVR:USPTO-EFXRF-1/16 * DWS:2730140 * CSID:703 836 7419 * DURATION (mm:ss):03-58

JAN-23-2007 17:59

703 836 7419 P.01/14
Page 1 of 1

Substitute for Form PTO-1595

**Recordation Form Cover Sheet
PATENTS ONLY**

Attorney's Docket No. 1017751-000044

To the Director of the U.S. Patent and Trademark Office: Please record the attached documents or the new address(es) below.

DOC. ID NO. 700305914

1. **From Name :**
SOCIETE LABORATOIRES DES PRODUITS ETHIQUES ETHYPHARM
2. **To Name :**
ETHYPHARM
21 Rue Saint Mathieu
78550 Houdan, France
3. **Nature of Conveyance/Execution Date(s):**
Execution Date(s): October 18, 2001
- | | |
|--|--|
| ☐ Assignment | ☐ Executive Order 9424 Confirmatory License |
| ☐ Security Agreement | ☐ Merger |
| ☐ Joint Research Agreement | ☒ Change of Name |
| ☐ Government Interest Agreement | |
| ☐ Other: _____ | |
4. **Application or patent number(s):**
- | | |
|--|------------------|
| A. Patent Application No.(s)
11/510/612 | B. Patent No.(s) |
|--|------------------|

☐ This document is being filed together with a new application.

- 5.
- Name and address to whom correspondence concerning document should be mailed:**

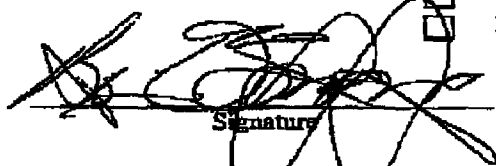
Name: Brian P. O'Shaughnessy
Address: Buchanan Ingersoll & Rooney PC
Customer Number 21839
P.O. Box 1404
Alexandria, VA 22313-1404

- 6.
- Total number of applications and patents involved: 1**

7. **Total fee (37 CFR 1.21(h) & 3.41) \$ 40**
- | |
|---|
| ☐ Authorized to be charged by credit card. PTO Form 2038 attached. |
| ☒ Authorized to be charged to deposit account 02-4800
PAID WITH INITIAL SUBMISSION |
| ☐ Enclosed. |
| ☐ None required (gov't interest not affecting title) |

- 8.

Signature:


Signature
Brian P. O'Shaughnessy
Name of Person Signing

32747
Reg. No.

January 23, 2007

Date

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

14

Documents to be recorded (including cover sheet) should be
Mail Stop Assignment Recordation Services, Director of the USPTO

GREFFE DU TRIBUNAL

DE :

CODE GREFFE :

réserve au Greffier

RÉGISTRE DU COMMERCE ET DES SOCIÉTÉS

IMMATRICULATION

☐ PRINCIPALE☐ SECONDAIRE

INSCRIPTION

☐ COMPLÉMENTAIRE☐ MODIFICATIVE☐ CORRECTION☐ RADIATION

Date d'arrivée au Greffe :

18 OCT. 2001

Numéro d'arrivée au Greffe :

18103

NOTA :

Les Greffiers et l'Institut National de la Propriété Industrielle sont astreints et 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. 57)

PIÈCES JUSTIFICATIVES :

ACTIVITÉS RÉGLEMENTÉES (pièce n° 24) :

DATE de DÉPÔT des STATUTS :

OBSERVATIONS du GREFFIER :

DEPOT DU

18 OCT. 2001

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

18 OCT. 2001



CAHIER DES FES

AU REGISTRE

NATIONAL

DU COMMERCE

ET DES SOCIÉTÉS



POUR LE DIRECTEUR GÉNÉRAL

LE DIRECTEUR GÉNÉRAL

LE DIRECTEUR GÉNÉRAL

LE DIRECTEUR GÉNÉRAL

LE DIRECTEUR GÉNÉRAL

LE DIRECTEUR GÉNÉRAL

LE DIRECTEUR GÉNÉRAL

LE DIRECTEUR GÉNÉRAL

LE DIRECTEUR GÉNÉRAL

LE DIRECTEUR GÉNÉRAL

LE DIRECTEUR GÉNÉRAL

LE DIRECTEUR GÉNÉRAL

LE DIRECTEUR GÉNÉRAL

LE DIRECTEUR GÉNÉRAL

LE DIRECTEUR GÉNÉRAL

LE DIRECTEUR GÉNÉRAL

LE DIRECTEUR GÉNÉRAL

LE DIRECTEUR GÉNÉRAL

LE DIRECTEUR GÉNÉRAL

LE DIRECTEUR GÉNÉRAL

LE DIRECTEUR GÉNÉRAL

LE DIRECTEUR GÉNÉRAL

LE DIRECTEUR GÉNÉRAL

LE DIRECTEUR GÉNÉRAL

LE DIRECTEUR GÉNÉRAL

LE DIRECTEUR GÉNÉRAL

LE DIRECTEUR GÉNÉRAL

LE DIRECTEUR GÉNÉRAL

LE DIRECTEUR GÉNÉRAL

LE DIRECTEUR GÉNÉRAL

LE DIRECTEUR GÉNÉRAL

LE DIRECTEUR GÉNÉRAL

LE DIRECTEUR GÉNÉRAL

LE DIRECTEUR GÉNÉRAL

LE DIRECTEUR GÉNÉRAL

LE DIRECTEUR GÉNÉRAL

REPERTOIRE DES METIERS

CHAMBRE DE METIERS

PATENT

REEL: 019119 FRAME: 0590

Lissage M2

M2

N° 00-0195
Licitation par appel d'offres

renvoi au CFE compétent

Le déposant s'engage à verser, dans un délai de 15 jours, la somme de 100 000 F, à titre de cautionnement, au CFE compétent.

DECLARATION DE MODIFICATION

IDENTIFICATION DE L'ENTREPRISE : IDENTIFICATION ☐ CARACTÉRISTIQUES ☐ DIRIGEANTS ☐ TRANSFERT DE SIÈGE ☐ DISSOLUTION ☐
IDENTIFICATION : IDENTIFICATION ☐ OUVERTURE ☐ IDENTIFICATION ☐ DIRIGEANTS ☐ IDENTIFICATION ☐ FERMETURE ☐
 (ET CHANGEMENT DE DÉSIGNATION)

+ Autres modifications (à préciser, s'il y a lieu) :

RCS . 311 999 833 **RCS VERSAILLES 311 999 833** **RM** .
 N° SIRET : 311 999 833
 N° SIREN : 311 999 833

QUELQUE QUE SOIT LA FORME DE LA MODIFICATION, LE DÉPOSANT S'ENGAGE À VERSER, DANS UN DÉLAI DE 15 JOURS, LA SOMME DE 100 000 F, À TITRE DE CAUTIONNEMENT, AU CFE COMPÉTENT.

IDENTIFICATION / DÉSIGNATION / IDENTIFICATION AU : . 07/08/07

DÉNOMINATION : ETHYPHARM

SIGLE :

SIEGE (en cas de modification, indiquer l'adresse y compris s'il y a lieu, l'adresse du domicile du titulaire (Nom, Prénom ou Dénomination)) :
21 RUE SAINT MATHIEU-76560-HOUJAN

N° SIRET : 311 999 833

N° SIREN : 311 999 833

N° SIRET : 311 999 833

N° SIREN : 311 999 833

N° SIRET : 311 999 833

N° SIREN : 311 999 833

N° SIRET : 311 999 833

N° SIREN : 311 999 833

N° SIRET : 311 999 833

N° SIREN : 311 999 833

N° SIRET : 311 999 833

N° SIREN : 311 999 833

N° SIRET : 311 999 833

N° SIREN : 311 999 833

N° SIRET : 311 999 833

N° SIREN : 311 999 833

N° SIRET : 311 999 833

N° SIREN : 311 999 833

N° SIRET : 311 999 833

N° SIREN : 311 999 833

N° SIRET : 311 999 833

N° SIREN : 311 999 833

N° SIRET : 311 999 833

N° SIREN : 311 999 833

N° SIRET : 311 999 833

N° SIREN : 311 999 833

N° SIRET : 311 999 833

N° SIREN : 311 999 833

N° SIRET : 311 999 833

N° SIREN : 311 999 833

N° SIRET : 311 999 833

N° SIREN : 311 999 833

N° SIRET : 311 999 833

N° SIREN : 311 999 833

PERSONNE MORALE

N° de la CFE compétente

11 OCT. 2001

T.C. VERSAILLES

11 OCT. 2001

T.C. VERSAILLES

11 OCT. 2001

T.C. VERSAILLES

11 OCT. 2001

T.C. VERSAILLES

11 OCT. 2001

T.C. VERSAILLES

11 OCT. 2001

T.C. VERSAILLES

11 OCT. 2001

T.C. VERSAILLES

11 OCT. 2001

T.C. VERSAILLES

11 OCT. 2001

T.C. VERSAILLES

11 OCT. 2001

T.C. VERSAILLES

11 OCT. 2001

T.C. VERSAILLES

11 OCT. 2001

T.C. VERSAILLES

11 OCT. 2001

T.C. VERSAILLES

11 OCT. 2001

T.C. VERSAILLES

11 OCT. 2001

T.C. VERSAILLES

11 OCT. 2001

T.C. VERSAILLES

11 OCT. 2001

T.C. VERSAILLES

11 OCT. 2001

T.C. VERSAILLES

11 OCT. 2001

T.C. VERSAILLES

11 OCT. 2001

T.C. VERSAILLES

11 OCT. 2001

T.C. VERSAILLES

PATENT

REEL: 019119 FRAME: 0591

[illegible]

LA 01 N-78-17 du 6 Janvier 1978
Monsieur, Elie Jean Gaudin

[illegible]

PATENT

REEL: 019119 FRAME: 0592

PATENT
REEL: 019119 FRAME: 0593

CHAMBER OF PROFESSIONS

IN:

This side reserved for use by the Chamber of Professions.

Management No.

Entry No. in RM

SIREN No.

NAME
-----R E G I S T E R O F P R O F E S S I O N S
-----☐ Request for Entry☐ Record spouse as collaborator (Not bodies corporate)☐ Declaration of a modification☐ Request to be deleted☐ Request for mention of spouse to be deleted (Not bodies corporate)

INITIATION COURSE ON MANAGEMENT

(Article 2 of the Law of 23 December 1982)

Attestation issued on:

Exemption - Reason for exemption

Documentary evidence:

In the event of a DECISION of the PRESIDENT OF THE CHAMBER OF
PROFESSIONS (Article 11 of the Decree of 10 June 1983)

Date request filed:

Request for additional information:

Requested information provided:

Deadline date on President's decision:

PRESIDENT's DECISION:

report No.:

date:

☐ Accepted☐ rejectedin the event of coming before the COMMISSION OF THE REGISTER OF
PROFESSIONS (Articles 12 and 13 of the Decree of 10 June 1983)

Date of transmission to the Commission:

Date of Notification:

Payment of subscription (in FF)

☐ Cash ☐ Bank Cheque ☐ Postal Cheque

Reference in Counterfoil Register

Publication from:

to:

Conformity of the accompanying declarations and the proofs provided in application of the Rules has
been verified under our responsibility:

DATE OF ENTRY:

The President of the Chamber of Professions:

Box reserved for the National Companies and Trade Register

PATENT

REEL: 019119 FRAME: 0594

Address this set of forms in its entirety to the Center for Company formalities (CCF); the forms are indissociable except in particular cases provided for by decree n° 81-257 of 18 March 1981 (refer to the Center for Company Formalities).

M2 CERFA form No 90-0195

Date declaration submitted to the CCF:

DECLARATION OF A MODIFICATION

- of the **UNDERTAKING**: IDENTIFICATION ☒ CHARACTERISTICS ☒
DIRECTORS ☐ CHANGE OF REGISTERED OFFICE ☐ WINDING UP ☐
- of the **ESTABLISHMENT**: OPENING ☐ IDENTIFICATION ☐
(including TRANSFER)
DIRECTORS ☐ ACTIVITIES ☐ CLOSURE ☐
- other modifications (to be specified, where applicable):

----- Decree n° 81-257 of 18 March 1981 as amended creating the Center for Company Formalities -----

MAIN REGISTRATION NUMBER(S)

RCS: 311 999 833 RCS VERSAILLES 311 999 833 RM:

Trade and companies register:

SIREN:

Register of professions: 7086

BODIES CORPORATE

Box reserved for use by the CFE

Company documents adjoined:

Insertions adjoined:

WHATEVER THE FORMALITY CONCERNED, ITEMS ON A RED BACKGROUND MUST BE FILLED IN, AND IF THE MODIFICATION RELATES TO AN ESTABLISHMENT, ITEMS ON A BLACK BACKGROUND MUST ALSO BE FILLED IN.

(1)

IDENTIFICATION/Where applicable NEW IDENTIFICATION on JUNE 7, 2001

Name: **ETHYPHARM**

Registered Office (or in case of transfer, new registered office):
ADDRESS and where appropriate, the identity of the paying agent
(surname, forenames, or company name):

21 RUE SAINT MATHIEU - 78550 BOUDAN

SIRET N°: 311 999 833

(1bis)

OLD IDENTIFICATION if changed

Name: **SOCIETE LABORATOIRES DES PRODUITS ETHIQUES ETHYPHARM** Initials:

PATENT

REEL: 019119 FRAME: 0595

(2)

Legal Form: - SA (joint stock company)

Main activities of the undertaking: manufacture, trade of pharmaceuticals, medical and veterinaries products..

Date Modified:

Number of employees of the business on the day of the formality:

202

(3)

COMMERCIAL NAME:

CAPITAL: 1 2000 000 Euros

francs or foreign currency:

if the company has variable capital,

minimum capital: francs or foreign currency:

Date Modified: June 7, 2001

Duration of the Body Corporate: years;

for a company required to publish annual accounts, END OF COMPANY FINANCIAL YEAR:

(4)

DIRECTORS, AUDITORS AND CONTROLLERS of a body corporate and PARTNERS fully and jointly responsible for company debts, MEMBERS of the GIE, LIQUIDATORS. Where applicable for the establishment described above, Person(s) having the power to engage the company by their signature (AUTHORIZED REPRESENTATIVES), INDIVIDUAL PROPRIETORS OF THE FUNDS

Surname:

Forenames:

or Company Name:

Position:

Change?

Address:

Surname:

Forenames:

or Company Name:

Position:

Change?

Address:

Surname:

Forenames:

or Company Name:

Position:

Change?

Address:

Is this list continued on a separate sheet? Yes ☐ No ☐

(5)

In the event of **WINDING UP**: is the company continuing to operate for the purpose of liquidation ? YES ☐ NO ☐

In the **DIRECTORS** box, specify the references of liquidator(s).

Give the title and the date of the legal announcement journal in which the nomination of the liquidators is/are published:

(6)

In the event of the **REGISTERED OFFICE** being **TRANSFERRED** to the jurisdiction of "another" Trade Court, specify the **REGISTRARS** with whom any secondary registrations have been made:

Is this list continued on a separate sheet? Yes ☐ No ☐

(7)

In the event of a **MODIFICATION** of **CAPITAL** due to a **MERGER** ☐ or to a **SPLIT** ☐, specify the bodies corporate that participated in the operation (Names, legal form, registered office, RCS N°):

Is this list continued on a separate sheet? Yes ☐ No ☐

(8)

(8bis)

IF THIS FORMALITY CONCERNS AN ESTABLISHMENT, THEN ITEMS ON A BLACK BACKGROUND MUST BE FILLED-IN

(9)

ESTABLISHMENT CONCERNED/ and where applicable,

NEW IDENTIFICATION on:

ADDRESS: - if different from address of registered office (or of **MAIN ESTABLISHMENT** if the same as registered office), or new address in the event of a transfer:

SIRET No.

(9bis)

OLD ESTABLISHMENT in the event of a transfer:

OLD ADDRESS if changed by decision of the local Council:

ADDRESS:

in the event of a **TRANSFER** of the **REGISTERED OFFICE** or of an **ESTABLISHMENT**, SIRET No.:

If there are no longer any employees, date:

Is activity being maintained at the old registered office?

Yes ☐ No ☐

(10)

So far as the enterprise is concerned, this establishment is:

☐ new ☐ modified ☐ terminatedCATEGORY(IES): ☐ registered office☐ main establishment ☐ secondary establishment

TRADING STYLE (where applicable):

ANALYSIS OF THE MODIFICATION THAT HAS TAKEN PLACE

(11)

In the event of an establishment being OPENED, of a MODIFICATION IN ITS MODE OF WORKING, or of ADDITIONAL ACTIVITY, state: date:

and ORIGIN:

☐ creation☐ purchase☐ take over after☐ leasing the business☐ transfer of activity☐ investment☐ taking on a business lease☐ other (specify).

Identity of PREVIOUS OPERATOR:

(surname, forenames, or company name)

RCS or SIREN No.:

Where applicable, date on which the Trade Register (RCS) entry of previous operator was deleted or modified:

(may be filled-in by the Registrar)

In the event of PROPERTY being ACQUIRED (By PURCHASE or by INVESTMENT) state the title and the date of the legal announcement journal in which the assignment was published:

In the event of a BUSINESS LEASE BEING TAKEN ON, state duration of the contract: from to

and whether it is renewable tacitly: ☐ yes ☐ no

Identity of LESSOR of PROPERTY: surname, forenames, address or company name, registered office

(12)

In the event of an establishment being CLOSED, of a MODIFICATION IN ITS MODE OF WORKING, or of ACTIVITY CEASING, state: date:

and DESTINATION:

☐ disappearance☐ sale☐ taken back by owner☐ other (specify).☐ transfer of activity☐ investment☐ leased as a business

Identity of BENEFICIARY:

surname, forenames, address or company name, registered office:

(13)

ACTIVITIES CARRIED OUT in said establishment on the date of this formality: (to be filled-in only if the establishment is new or if its activities have been modified).

☐ permanent ☐ seasonal ☐ itinerant

following work:

☐ beginning ☐ being modified ☐ ending

(14)

MAIN ACTIVITY:

SECONDARY ACTIVITIES:

(15)

(16)

(17)

Any observations by the declarer, or any other modification(s):
Deletion of the commercial name HADV and of the mention of the capital in observations which have become pointless since the KBis was done.

date of the modification:

(18)

PERMANENT ADDRESS (for correspondence):

Registered office

Tel No:

(19)

THE UNDERSIGNED: (family name, customary name, forenames, and if a representative, also specify status and address):

SOS FORMALITES 20 RUE JJ ROUSSEAU 94 IVRY SUR SEINE REF. 3A/2735/DB

requests that this document shall constitute a request

for an ENTRY in the: RCS ☒, RM ☐, RSAC ☐, REBA ☐,

or for a CANCELLATION in the: RCS ☐, RM ☐, RSAC ☐, REBA ☐,

and a declaration to the Tax Authorities, to the Social Security Bodies, to the Statistical Institute and, if ceasing to be an employer, to the Work Inspectorate and to the Unemployment Authorities.

Done at:

Ivry

on:

2 OCTOBER 2001

Signature:

(signature)

(A)

- For NEW or MAINTAINED, in the event of transfer of registered office to another registrar or another chamber of professions, state:

INDIVIDUALS (except liquidators): Date and place of birth, nationality and if director or partner is foreign: state references of residence permit or trading permit; for married partners, state date and place of marriage, type of marriage contract and any clauses applicable to third parties; for each member of the GIE, give the RCS and/or RM n°, and if they have married, name of spouse, date and place of marriage, type of marriage contract and any clauses applicable to third parties. In the case of a MANAGER and/or major partners of SARL, SNC or SCS in particular, attach a TNS document.

BODY CORPORATE: State legal name and forenames of the permanent secretary; For each member of the GIE give RCS and/or RM N°.

- For LEAVING: For a MANAGER or a major partner of SARL, SNC or SCS, state their date of birth.

TOTAL P.15

PATENT

RECORDED: 03/22/2007

REEL: 019119 FRAME: 0600