## PATENT ASSIGNMENT

Electronic Version v1.1  
Stylesheet Version v1.1

### SUBMISSION TYPE:  
NEW ASSIGNMENT

### NATURE OF CONVEYANCE:  
CHANGE OF NAME

### CONVEYING PARTY DATA

<table>
<thead>
<tr>
<th>Name</th>
<th>Execution Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>ELF SANOFI</td>
<td>08/20/1994</td>
</tr>
</tbody>
</table>

### RECEIVING PARTY DATA

<table>
<thead>
<tr>
<th>Name</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>SANOFI</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>Paris</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>State/Country</th>
<th>FRANCE</th>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Postal Code</th>
<th>75008</th>
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### PROPERTY NUMBERS Total: 1

<table>
<thead>
<tr>
<th>Property Type</th>
<th>Number</th>
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</thead>
<tbody>
<tr>
<td>Patent Number</td>
<td>5223510</td>
</tr>
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</table>

### CORRESPONDENCE DATA

Fax Number:  (908)231-2626  

*Correspondence will be sent via US Mail when the fax attempt is unsuccessful.*

Phone:  6108899895

Email:  linda.remer@sanofo-aventis.com

Correspondent Name:  Kelly L. Bender

Address Line 1:  1041 Route 202-206

Address Line 2:  Mail Stop BW D-303A

Address Line 4:  Bridgewater, NEW JERSEY 08807

### ATTORNEY DOCKET NUMBER:  
IVD000703 US NP

### NAME OF SUBMITTER:  
Linda J. Remer

Total Attachments:  9

source=Name change Elf Sanofi to sanofi#page1.tif

source=Name change Elf Sanofi to sanofi#page2.tif

source=Name change Elf Sanofi to sanofi#page3.tif

500890351

REEL: 022846 FRAME: 0388
CERTIFICATE

I, Richard METZGER - 2 Allée de l'Etang - 78540 VERNOUILLET (FRANCE) certify that I am conversant with the English and French languages and that the annexed document in English is a translation prepared by me of the certified copy of the Extract from the Trade and Companies Register of SANOFI and is true and accurate to the best of my knowledge and belief.

Paris, December 2, 1997

Richard METZGER
## Declaration of Amendment

### Identification

**Of the Company:** Identification Specification Officers Transfer of Head Office Winding Up

**Of the Establishment:** Opening Identification Officers Activities Closing

(including transfer)

Another amendments (indicate if any) MODIF.DENO + CA

Decree N°81-257 of March 18, 1981 amended to create the Companies Formalities Centers

**Number(s) of the Main Registration:**

RCS-Paris B 732 059 332 73805933 RM

Register of Commerce and Companies Siren N° Index of Trades

### Whatever the formality, the articles on the red space must have been filed and if a company is concerned by an amendment, the articles on the black space must also have been filed.

**Identification/New Identification** if any, on 01.06.94

**Former Identification** if changed

### Corporate Name:

**Sanofi**

**Corporate Name:** Elf Sanofi

### Head Office:

In case of transfer, new head office: Address including, identity of the resident (name, first name or Corporate name):

1/34 Rue Marie Hulot 75008 Paris

### Legal Status:

**SA**

### Main Activities of the Company:

Purchase of interests in all companies or businesses in the health and nutritional fine chemistry and bio-industry area.

Number of salaried employees of the company: 176

### Trade Name:

**Eur 02846 FRAME: 0391**

Firm subjects to publish, its accounts and annual balance sheets, date to maturity of the end-of-year of balance sheet:

### Declaration of the Legal Entity:
OFFICERS and if any, ADMINISTRATORS, EDITORS and PARTNERS held jointly and severally liable for the liabilities, MEMBERS OF GIE, LIQUIDATORS.

For the establishment listed below, individual(s) empowered to sign on behalf the company, ATTORNEYS, OWNERSHIPS.

*Date of amendment*

<table>
<thead>
<tr>
<th>Name, First name or corporate name</th>
<th>HUSTACHE Philippe Gérard Lucien</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lomicile or head office</td>
<td>31 rue Anna-Jacquin 92100 BOULOGNE</td>
</tr>
<tr>
<td>ADH.</td>
<td>06.03.43 CASABLANCA (MAROC) Français</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>id title</th>
<th>Present or new title</th>
<th>Date of birth</th>
<th>Dept.</th>
<th>Country</th>
<th>citizenship</th>
<th>Date of amendment</th>
</tr>
</thead>
<tbody>
<tr>
<td>01.06.94</td>
<td></td>
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<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Name, First name or corporate name</th>
<th>STERLING WINTHROP INC.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lomicile or head office</td>
<td></td>
</tr>
<tr>
<td>ADH.</td>
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<tbody>
<tr>
<td>30896 of 22.6.94</td>
<td></td>
<td></td>
<td></td>
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In case of WINDING UP: the company continues its activity for liquidation purposes: YES NO, state in the OFFICERS article, the references of LIQUIDATOR(S).

Title and date of the legal publications having published the nomination of liquidator(s):

In case of TRANSFER of the address with another competence Court, state the Registries where the secondary registrations are delivered:

In case of AMENDMENT of the CAPITAL following a MERGER DIVISION Legal entities having produced to this post (Corporate name, legal status, Address of the head office, N° RCS):

A of 15.06.94 PA 060694

The formalities concerns an Establishment, the articles on the black space must be filed.
**BUSINESS CONCERNED**/ if any **NEW IDENTIFICATION** (if different from the Head office)

**ADDRESS** : in case of transfer, the new address

**SIRET N°** :

his establishment is (for the company)

New amended cancelled

**CATEGORIES** :

head office Main establishment Secondary establishment

**IGN** :

---

**ANALYSIS OF THE AMENDMENT OCCURRED**

<table>
<thead>
<tr>
<th>In case of opening of the establishment, AMENDMENT OF THE WAY OF DEVELOPMENT, ADDING ACTIVITIES, precise :</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of amendment * and ORIGIN</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Action Transfer of activity Purchase Contribution Recovery after hire management Take on hire management</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other (precise)</td>
</tr>
</tbody>
</table>

**FORMER OPERATOR Identity** :

CS or SIREN N° :

if any the date of cancellation or amendment on RCS of the former operator :

---

**IN CASE OF BUSINESS ACQUISITION** (by purchase or contribution), indicate the title and date of legal publications which established the assignment :

---

**IN CASE OF TAKING ON HIRE MANAGEMENT**, indicate the contract duration : on to and if it is renewable : Yes No

**BUSINESS HIRER Identity** :

**ACTIVITIES** of the establishment at the date of the formality : Standing Seasonal Itinerant

**MAIN ACTIVITY** :

**SECONDARY ACTIVITIES** :

---

**FORMER BUSINESS CONCERNED** in case of transfer

**FORMER ADDRESS** :

In case of transfer of the HEAD OFFICE or BUSINESS CONCERN, SIRET N° :

In case of suspension of salaried employee, date :

Maintenance of an activity at the former address : YES NO

**BENEFICIARY Identity** :

---

**ANALYSIS OF THE AMENDMENT OCCURRED**

<table>
<thead>
<tr>
<th>In case of closing of the establishment, AMENDMENT OF THE WAY OF DEVELOPMENT, SUPPRESSION OF ACTIVITIES, precise :</th>
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<tbody>
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<td>Date of amendment * and DESTINATION</td>
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<th>Disappearance Transfer of activity Sale Contribution Recovery after hire management by the owner Take on hire management Other (precise)</th>
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CS or SIREN N° :

if any the date of cancellation or amendment on RCS of the former operator :

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---

**IN CASE OF TAKING ON HIRE MANAGEMENT**, indicate the contract duration : on to and if it is renewable : Yes No

**BUSINESS HIRER Identity** :

**ACTIVITIES** of the establishment at the date of the formality : Standing Seasonal Itinerant

**MAIN ACTIVITY** :

**SECONDARY ACTIVITIES** :

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**FORMER BUSINESS CONCERNED** in case of transfer

**FORMER ADDRESS** :

In case of transfer of the HEAD OFFICE or BUSINESS CONCERN, SIRET N° :

In case of suspension of salaried employee, date :

Maintenance of an activity at the former address : YES NO

**BENEFICIARY Identity** :

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**IN CASE OF BUSINESS ACQUISITION** (by purchase or contribution), indicate the title and date of legal publications which established the assignment :

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**IN CASE OF TAKING ON HIRE MANAGEMENT**, indicate the contract duration : on to and if it is renewable : Yes No

**BUSINESS HIRER Identity** :

**ACTIVITIES** of the establishment at the date of the formality : Standing Seasonal Itinerant

**MAIN ACTIVITY** :

**SECONDARY ACTIVITIES** :
REQUESTS THAT THIS DOCUMENT CONSTITUTES

Made at: PARIS
on: 20.06.94
Signature:
GREFFE DU TRIBUNAL DE COMMERCE DE PARIS

REGISTRE DU COMMERCE

DOSSIER CONTENANT PHOTOCOPIES CERTIFIEES CONFORMES

DELIVRE LE: 25 NOV. 1997

LE GREFFIER

PATENT
REEL: 022846 FRAME: 0395
M2 cerfa

IDENTIFICATION / en cas échéant NOUVELLE IDENTIFICATION au : 01.06.94
DENOMINATION : SANOFI
SIGLE :
SEIGE [ou en cas de relocalisation, nouveau siège] : ADRESSE y compris s'il y a lieu, l'IDENTITE DU DOMICILIATE [Nom, Prénom ou Denomination] :
32/34 RUE MARBEUF 75008 PARIS

PRINCIPALES ACTIVITES DE L'ENTREPRISE : PRISE DE PARTICIPATIONS DANS TOUTES SOCIETES OU ENTREPRISES DANS LES DOMAINE DE LA SANTE ET DE LA CHIMIE FINES DE LA NUTRITION ET DES BIO INDUSTRIES

VOM COMMERCIAL :
CAPITAL nominal : 2 208 603 750F.

DIMENSIONS:

DOMICILE :

PARAUF :

STERLING WINTHROP INC.

DENOMINATION :

ADDRESS DU SIEGE :
31 rue Anna-Jacquin 92100 BOULOGNE

ADJACENT:
CASA BLANCA (MAROC)

DATE DE LA MODIFICATION : 01.06.94

DIFFUSION
la Société poursuit son exploitation pour les besoins de la liquidation : oui [ ] non [ ]

Pour les liquidations, dans le journal des annonces légales ayant publié la nomination du (de) liquidateur(s) :

DATE DE LA MODIFICATION : 01.06.94

DATE DE LA MODIFICATION : 01.06.94

DATE DE LA MODIFICATION : 01.06.94

AFFECTION

PATENT

REEL:
022846 FRAME:0396
<table>
<thead>
<tr>
<th>Zone</th>
<th>Text</th>
</tr>
</thead>
<tbody>
<tr>
<td>S1</td>
<td>SI LA FORMALITÉ CONCerne UN ÉTABLISSEMENT, LES RUBRIQUES SUR FOND NOIR DOIVENT ÊTRE OBLIGATOIREMENT REMPLIES</td>
</tr>
<tr>
<td>S2</td>
<td>EN cas d'OUVERTURE de l'établissement, de MODIFICATION DU MODE D'EXPLOITATION,</td>
</tr>
<tr>
<td>S3</td>
<td>d'ACHAT À la condition d'acquérir</td>
</tr>
<tr>
<td>S4</td>
<td>ENcas de FERMETURE de l'établissement, de MODIFICATION DU MODE D'EXPLOITATION,</td>
</tr>
<tr>
<td>S5</td>
<td>de SUPPRESSION D'ACTIVITÉ, précisant</td>
</tr>
<tr>
<td>S6</td>
<td>EN cas de TRANSFERT du SIÈGE ou de l'ÉTABLISSEMENT, N° SIRET :</td>
</tr>
<tr>
<td>S7</td>
<td>En cas de cessat de travail, date :</td>
</tr>
<tr>
<td>S8</td>
<td>Identité du bénéficiaire :</td>
</tr>
<tr>
<td>S9</td>
<td>AC</td>
</tr>
<tr>
<td>S10</td>
<td>AG</td>
</tr>
<tr>
<td>S11</td>
<td>REEL</td>
</tr>
</tbody>
</table>

**ANCIEN ÉTABLISSEMENT en cas de transfert**

**ANCIEN LIBELLE DE L'ADRESSE si changement par décision du conseil municipal**

**ADRESSE :**

En cas de cessat de travail, date :

Marquage d'une activité à l'ancien siège : OUI ☐ NON ☐

En cas de TRANSFERT du SIÈGE ou de l'ÉTABLISSEMENT, N° SIRET :

Identité du bénéficiaire :

Plan, prélèvement au profit de l'hôpital et fichier, sis à

<table>
<thead>
<tr>
<th>AC</th>
<th>VITES EXÉCUTÉES dans cet établissement au jour de la formalité :</th>
</tr>
</thead>
<tbody>
<tr>
<td>1/34 RUE MARBEUF 75001 PARIS</td>
<td></td>
</tr>
</tbody>
</table>

**GENDARMERIE NATIONALE**

**INSRIPTION au RCS ☐, au RM ☐, au RSAC ☐, au REBA ☐, de RADIATION au RCS ☐, au RM ☐, au RSAC ☐, au REBA ☐,**

**Déclaration aux Services Fiscaux, aux Organismes de Sécurité Sociale, à l'INSEE, et si elle est ou casse d'être EMPLOYEUR, à l'inspection du Travail et à l'ASSEDIC**

**DÉCLARATION PAR LE DÉCLARANT ou autre(s) modification(s) :**

**DATE de la modification :**

**PATENT : 023846 FRAME: 160357**

**Signature :**

**Destination :**

**Fait le : 20.06.94**
| NOM DU COMMERÇANT | DÉPARTEMENT | CAISSE | COMMUNE | LOCALITÉ | ADRESSE | CODE POSTAL | NUMÉRO | CARRÉ | COORDONNÉES | NATURE DU DÉPÔT | DÉSIGNATION | RÉGISTRE | DATE DE DÉPÔT | DATE DE RÈGLEMENT | RÈGLEMENT UNIFIÉ | RÈGLEMENTATION DÉCREEE | PUBLICATION | NUMÉRO D'IMMATRICULATION | DÉFINITION | VOLUME | NUMBER | LOCATION |
|-------------------|-------------|--------|---------|---------|---------|-------------|--------|------|------------|---------------|--------------|----------|-----------|-------------|-------------------|------------------|-------------------|-------------|------------------|---------------|--------|--------|---------|
|                   |             |        |         |         |         |             |        |      |            |               |              |          |           |             |                   |                  |                  |              |                  |               |        |        |         |