

PATENT ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

EPAS ID: PAT3407004

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	CHANGE OF ADDRESS OF ASSIGNEE
CONVEYING PARTY DATA	
Name	Execution Date
DEVI CROP SCIENCE PRIVATE LIMITED	04/04/2013
RECEIVING PARTY DATA	
Name:	DEVI CROP SCIENCE PRIVATE LIMITED
Street Address:	DEVI HOUSE, 281-4, SIVAGANGAI MAIN ROAD
Internal Address:	GOMATHIPURAM
City:	MADURAI, TAMIL NADU-TN
State/Country:	INDIA
Postal Code:	625020
PROPERTY NUMBERS Total: 1	
Property Type	Number
Application Number:	13925152
CORRESPONDENCE DATA	
Fax Number:	(617)261-3175
<i>Correspondence will be sent to the e-mail address first; if that is unsuccessful, it will be sent using a fax number, if provided; if that is unsuccessful, it will be sent via US Mail.</i>	
Phone:	617-261-3100
Email:	BOPatents@klgates.com
Correspondent Name:	PATENT ADMINISTRATOR
Address Line 1:	K&L GATES LLP, ONE LINCOLN STREET
Address Line 4:	BOSTON, MASSACHUSETTS 02111
ATTORNEY DOCKET NUMBER:	ITT-001DV
NAME OF SUBMITTER:	JAMES A. CULVERWELL
SIGNATURE:	/James A. Culverwell/
DATE SIGNED:	06/22/2015
Total Attachments: 2	
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source=ITT-001_Change_of_Address#page2.tif	

FORM 18

Notice of situation or change of situation of registered office

[Pursuant to section 148 of the Companies Act, 1956]

Form Language English hindi

Note - All fields marked in are to be mandatorily filled.

1. This form is for New company Existing company

2.(a) Form 1A reference number (Service request number (SRN) of Form 1A) or corporate identity number (CIN) of company

(b) Global location number (GLN) of company

3.(a) Name of the company

(b) Address of the registered office of the company

(c) Name of office of existing Registrar of Companies(RoC)

(d) Purpose of the form Change within local limits of city, town or village
 Change outside local limits of city, town or village
 Change in office of RoC within same state
 Change in state within office of same RoC
 Change in state outside office of existing RoC

4. Notice is hereby given that

(a) The address of the registered office of the company with effect from

(DDMM/YYYY) is

The date of incorporation of the company is

*Address Line I
Line II
* City
* District
* State
Country
* Pin code
* e-mail ID

(b) * Registered Office is

Owned by Company Owned by Director (Not taken on lease by company)
 Taken on Lease by company Owned by any other entity/ Person (Not taken on lease by company)

(c) *Name of office of proposed RoC or new RoC

(d) The full address of the police station under whose jurisdiction the registered office of the company is situated

* Name
* Address Line I
Line II
* City
* State
* Pin code

5 (a) SRN of Form 23

[Redacted]

(b) SRN of relevant form

[Redacted]

(Mention the SRN of related Form 1AD, 21, if applicable)

6 (a) Date of order of company law board (CLB) or any other competent authority

[Redacted]

(DDMM/YYYY)

(b) Petition number

[Redacted]

Attachments

- 1. Proof of Registered Office address
- 2. No Objection Certificate from director if registered office is owned by director (not taken on lease by company)
- 3. A proof that the Company is permitted to use the address as the registered office of the Company if the same is owned by any other entity/ Person (not taken on lease by company).
- 4. Optional attachment(s) - if any

Attach

Attach

Attach

Attach

List of attachments

PROOF OF R.O. PROPERTY TAX RECEIPT
EXTRACT OF RESOLUTION.pdf

Remove attachment

Verification

To the best of my knowledge and belief, the information given in this form and its attachments is correct and complete.

I have been authorised by the Board of directors' resolution number 04 dated 04/04/2013 to sign and submit this form (DDMM/YYYY)

I am authorised to sign and submit this form.

The Company undertakes to file the Form 18 for change of registered office address with the ROC within prescribed period.

Managing director or director or manager or secretary of the company

Signature

Date

Stamp

Designation Managing Director

* Director identification number of the director or Managing Director; or income-tax permanent account number (income-tax PAN) of the manager; or Membership number, if applicable or income-tax PAN of the secretary (secretary of a company who is not a member of ICSI, may quote his/ her income-tax PAN)

[Redacted]

Certificate

It is hereby certified that I have verified the above particulars (including attachment(s)) from the records of

DEVI CROPS SCIENCE PRIVATE LIMITED

and found them to be true and correct. I further certify that all required attachment(s) have been completely attached to this form.

I further certify that I have personally visited the new address, verified it and I am of the opinion that the premises are indeed at the disposal of the applicant company.

- Chartered accountant (in whole-time practice) or Cost accountant (in whole-time practice) or
- Company secretary (in whole-time practice)

Stamp

*Whether associate or fellow Associate Fellow

*Membership number or certificate of practice number

[Redacted]

Submit Check Form Print Sign

For office use only:

eForm Service request number (SRN) [Redacted] eForm filing date [Redacted] (DDMM/YYYY)

Digital signature of the authorising officer

This e-Form is hereby registered

[Redacted]

Date of signing [Redacted] (DDMM/YYYY)

OR

This eForm has been taken on file maintained by the registrar of companies through electronic mode and on the basis of statement of correctness given by the filing company.