

## PATENT ASSIGNMENT COVER SHEET

Electronic Version v1.1  
Stylesheet Version v1.2

EPAS ID: PAT5859030

|                              |                |
|------------------------------|----------------|
| <b>SUBMISSION TYPE:</b>      | NEW ASSIGNMENT |
| <b>NATURE OF CONVEYANCE:</b> | MERGER         |
| <b>EFFECTIVE DATE:</b>       | 10/17/2019     |

**CONVEYING PARTY DATA**

| Name                                                | Execution Date |
|-----------------------------------------------------|----------------|
| SOCIETE D'EXPLOITATION DES PROCEDES MARECHAL (SEPM) | 10/19/2019     |

**RECEIVING PARTY DATA**

|                        |                               |
|------------------------|-------------------------------|
| <b>Name:</b>           | MARECHAL ELECTRIC             |
| <b>Street Address:</b> | 5 AVENUE DU CHEMIN DE PRESLES |
| <b>City:</b>           | SAINT-MAURICE                 |
| <b>State/Country:</b>  | FRANCE                        |
| <b>Postal Code:</b>    | 94410                         |

**PROPERTY NUMBERS Total: 7**

| Property Type  | Number   |
|----------------|----------|
| Patent Number: | 7182614  |
| Patent Number: | 7147518  |
| Patent Number: | 8092250  |
| Patent Number: | 7967630  |
| Patent Number: | 8221150  |
| Patent Number: | 9512921  |
| Patent Number: | 10181660 |

**CORRESPONDENCE DATA**

Fax Number: (412)471-4094

*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.*

Phone: 412-471-8815

Email: assignments@webblaw.com

Correspondent Name: THE WEBB LAW FIRM

Address Line 1: 420 FT. DUQUESNE BLVD., SUITE 1200

Address Line 2: ONE GATEWAY CENTER

Address Line 4: PITTSBURGH, PENNSYLVANIA 15222

|                                |                                   |
|--------------------------------|-----------------------------------|
| <b>ATTORNEY DOCKET NUMBER:</b> | 1107-090965                       |
| <b>NAME OF SUBMITTER:</b>      | RICHARD L. BYRNE, REG. NO. 28,498 |
| <b>SIGNATURE:</b>              | /Richard L. Byrne/                |

PATENT

|                     |            |
|---------------------|------------|
| <b>DATE SIGNED:</b> | 12/10/2019 |
|---------------------|------------|

**Total Attachments: 6**

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M2 **cerfa**  
No. 11682'03

# DECLARATION OF MODIFICATION

94B2443

LEGAL ENTITY

[STAMP OF AN EXTRACT FROM THE MINUTES OF THE REGISTRY OF THE CRETEIL TRADE COURT]

reserved for the CFE M GUID BEFHJKT  
Declaration No. C94019127965  
Received on November 12, 2019  
transmitted on November 13, 2019

**1**  Name, form of incorporation, capital  Taking on business of a company founded without any business  Complete stoppage of business without disappearance of the body corporate (temporary suspension)  
 Transfer of head office  Declaration relating to an establishment (opening, modification, transfer, offering for management leasing, management-mandate, closure)  
 Resuming business  Dissolution:  with continuation of business  without continuation of business  GIE-GEIE  Other Absorption-merger

## FILL IN IN ANY CASE all of the boxes Nos. 1, 2, 22, 23 AND THE NEW OR AMENDED MENTIONS BY INDICATING THE DATE OF THE EVENT REMINDER OF THE IDENTIFICATION PRIOR TO MODIFICATION

**2** SOLE IDENTIFICATION No. 552 149 577 Name / Sign MARECHAL ELECTRIC  
 REGISTRATION IN THE TRADE AND COMPANIES REGISTER (RCS) OF THE REGISTRY OF Form of incorporation SOCIETE PAR ACTIONS SIMPLIFIEE OR SAS  
Créteil Head office or 1st Establishment in France for foreign companies: building, no., street  
 ON THE CRAFTS REGISTER IN THE DEPARTMENT OF 5 AVENUE DU CHEMIN DE PRESLES  
Registry(ies) for secondary registration(s) Post Office 94410 District SAINT-MAURICE

**3** ONLY FOR THE COMPANY WITH SOLE PARTNER. Is the sole partner personally responsible for the company  yes  no

**4** Date \_\_\_\_\_ NAME \_\_\_\_\_ Sign \_\_\_\_\_  
Form of incorporation \_\_\_\_\_  
 Company reduced to a sole partner  
Duration of the body corporate \_\_\_\_\_  
Closure date of business year \_\_\_\_\_

**5** 10/17/2019 Capital: amount, monetary unit €5,341,400  
If variable capital: minimum amount \_\_\_\_\_  
 Continuation of the company although the net assets are smaller than half of the company capital  
 Reconstitution of the owner's equity \_\_\_\_\_

**6** \_\_\_\_\_ Adherence to the principles of social and solidarity economy - ESS (see notice)  
\_\_\_\_\_ Exit from the field of social and solidarity economy - ESS (see notice)

**7** 10/17/2019  MERGER  SCISSION. This operation results in  a capital increase. Indicate the body corporate having participated in the operation on interpolate sheet M'

**8** \_\_\_\_\_ TEMPORARY SUSPENSION BY DISCONTINUANCE OF BUSINESS

**9** \_\_\_\_\_ DISSOLUTION  
Indicate the liquidator in box 19 except for a total transmission of property  
In the event of a closure of establishment, fill in box 12  
Name of the journal of legal notices \_\_\_\_\_ Publishing date \_\_\_\_\_  
Liquidation address:  head office  address of the liquidator  other: \_\_\_\_\_  
 Total transmission of property

**10** \_\_\_\_\_ BREACH BY ANTICIPATION OF THE SUPPORT AGREEMENT  
BREACH BY ANTICIPATION OF THE BUSINESS  
A TRANSFER  AN OFFERING FOR MANAGEMENT LEASING  MANAGEMENT-MANDATE  
Date \_\_\_\_\_ TRANSFERRED OR CLOSED ESTABLISHMENT

**11** This application concerns  AN OPENING  A CLOSURE  A MODIFICATION  A TRANSFER  AN OFFERING FOR MANAGEMENT LEASING  MANAGEMENT-MANDATE  
Date \_\_\_\_\_ FORMER ESTABLISHMENT:  Head office  Head office-Main establishment  
Address: building, no., street (if different from box 2) \_\_\_\_\_ Post Office \_\_\_\_\_ District \_\_\_\_\_  
Date \_\_\_\_\_ MODIFIED OR FOUNDED ESTABLISHMENT

**12** THE ESTABLISHMENT BECOMES:  Head office  Head office-Main establishment  Main establishment  Secondary establishment (check the box only if change of nature of establishment)  
 Domiciliation contract: Name of paying agent \_\_\_\_\_  
Sole Identification No. \_\_\_\_\_  
For opening any establishment located in another member State of the EU or EEE, indicate the country, place and registration number on the interpolate sheet M'.  
IN CASE OF A FOUNDED ESTABLISHMENT: in this case is it a sedentary establishment managed by someone who is empowered to have legal relationships with third parties  Yes  No

**14** BUSINESS:  sedentary  non sedentary /  traveling  
 Main business(es) exercised in the establishment: \_\_\_\_\_  
 Other business(es): \_\_\_\_\_

**15** TRADE NAME \_\_\_\_\_  
 SIGN \_\_\_\_\_

**16** \_\_\_\_\_

**17** ORIGIN OF FUNDS OR ORIGIN OF BUSINESS  
 Foundation, go directly to the following box  Resumption  Purchase  Contribution  
 Management-leasing  Management-Mandate  Other \_\_\_\_\_  
 Previous owner: sole identification No. \_\_\_\_\_  
 Birth name / Name \_\_\_\_\_ First names \_\_\_\_\_  
 Name in use \_\_\_\_\_  
**Purchase, contribution** (except for crafts funds and purchase within the framework of a plan of assignment)  
 Journal of legal notices, publishing date \_\_\_\_\_  
 Name of Journal: \_\_\_\_\_  
**Management-leasing - Management-mandate**  
 Contract dated as of \_\_\_\_\_ to \_\_\_\_\_  
 Renewal by tacit renewal  yes  no  
 Lessor of the funds or Mandate of the funds \_\_\_\_\_  
 Birth name / Name \_\_\_\_\_ First names \_\_\_\_\_  
 Name in use \_\_\_\_\_  
 Domicile / Head Office \_\_\_\_\_ Post Office \_\_\_\_\_ District \_\_\_\_\_  
**For the management-mandate:** Sole identification No. of the mandate \_\_\_\_\_  
 Registration registry: \_\_\_\_\_

**18** ADDRESS: building, no., street \_\_\_\_\_ Post Office \_\_\_\_\_ District \_\_\_\_\_ Salaried staff present:  Yes  No  
**OFFERING FOR MANAGEMENT-LEASING**  The whole business  A part of the business, which \_\_\_\_\_  
 Lessor-manager or Manager-mandatar: Full name / Name \_\_\_\_\_  
**For the management-mandate:** sole identification No. of manager-mandatar \_\_\_\_\_ Registration registry/Department for CR \_\_\_\_\_ Post Office \_\_\_\_\_  
 Domicile/Head office: \_\_\_\_\_ District \_\_\_\_\_

**19** IN CASE OF DECLARATION OF MODIFICATION 10/17/2019  New  Departing box 19B  
 Modification of personal status  Maintained former capacity  
 CAPACITY MEMBER AND PRESIDENT OF THE SUPERVISORY BOARD  
 Birth name MARECHAL  
 Name in use \_\_\_\_\_ First names BERTRAND PHILIPPE GERARD  
 Born on 09/01/1960 in \_\_\_\_\_ Nationality FRENCH  
 Name, form of incorporation \_\_\_\_\_

**19B**  DEPARTING Birth name, name in use, first names / Name and form of incorporation  
 MARECHAL BERTRAND PHILIPPE GERARD

**20** \_\_\_\_\_

**21** 10/17/2019 OBSERVATIONS. The supplement to the head office address merely results from a correction following an omission of the term "chemin"  
 Telephone(s) 33 (0)1 45 11 60 48  
 Fax / e-mail Lyon@marechal.com

**22** Correspondence address  Declared in box No. 12  Other \_\_\_\_\_ Post Office \_\_\_\_\_ District \_\_\_\_\_  
 This document constitutes an application for modification on the ICR, on the CR if need be, and declaration for the Tax Offices, for the Social Security Organizations, for the INSEE and if need be, for the Work Inspection.  
 Whomsoever gives in bad faith inaccurate or incomplete indications is punishable with imprisonment.

**23**  THE LEGAL REPRESENTATIVE name, first name / company name and address  
 THE MANDATARY with proxy Mr. Abdelmouhim  
 ANOTHER PERSON being concerned HOUIR ALAMI  
 Certifies the accuracy of the information given  
 Done in SAINT-MAURICE On October 24, 2019  
 Number of interpolate sheet(s) M3 or M3 Sarri/Selant: 0  
 Number of interpolate sheet(s) M1: 1 TNS page(s) 0  
 Number of ACCRE forms: 0 Number of JQPA forms: 0

**SIGNATURE** Declaration No. \_\_\_\_\_  
 [round red seal from the CRETEIL TRADE COURT - FOR CERTIFIED TRUE COPY  
 The Registrar]  
 Sign each sheet separately

**SUPPLEMENTARY INFORMATION**

**M'** **cerfa**  
No. 11681°02

**INTERPOLATE SHEET - Continuation of forms M2 - M4 -  
Agricultural M2 - Agricultural M4**

RESERVED FOR THE CFE  
Declaration No. \_\_\_\_\_

**REMINDER OF IDENTIFICATION**  
CORPORATE OR COMPANY NAME MARECHAL ELECTRIC Form of incorporation SOCIÉTÉ PAR ACTIONS SIMPLIFIÉE OR SAS

**MERGER - SPLIT-UP**  
Indicate the bodies corporate having participated in the operation

| Name                                              | Form of incorporation | Head office address                       | Sole identification number | Registration Registry |
|---------------------------------------------------|-----------------------|-------------------------------------------|----------------------------|-----------------------|
| SOCIÉTÉ D'EXPLOITATION DES PROCÉDES MARECHAL-SEPM | SAS                   | 5 avenue de Presles - 94410 SAINT MAURICE | 5 8 2 0 6 3 0 4 6          | Crétell               |

Continuation of M2

**ESTABLISHMENTS CLOSED** within the jurisdiction of the same registry (M2) and within all registries (M4)  
 Address: building, no., street \_\_\_\_\_  
 Post Office \_\_\_\_\_ District \_\_\_\_\_  
**Intended purpose**  Deleted  Sold  Other \_\_\_\_\_  
 If termination of employment of any employee: date \_\_\_\_\_

Continuation of M2 and M4

**DECLARATION RELATING TO THE ESTABLISHMENTS LOCATED IN ANOTHER MEMBER STATE OF THE EU OR EEE**  
 Public register: Country, place and registration number (Optional: Main business and address) \_\_\_\_\_

**CORPORATE DECLARATION** to be filled in by those who make contributions to the TNS regime

| BIRTH NAME                                                               | First names                                                              |
|--------------------------------------------------------------------------|--------------------------------------------------------------------------|
| Name in use _____                                                        | Name in use _____ First names _____                                      |
| Born _____ in _____                                                      | Born _____ in _____                                                      |
| For the scheme of self-employed persons (TNS): social security No. _____ | For the scheme of self-employed persons (TNS): social security No. _____ |

Continuation of M4

**DECLARATION CONTINUED**  
 M2  M4  Agricultural M2  Agricultural M4  
 If modification Date 10/17/2019  
 Specify the corresponding box No. 7 ....



**14**  Impliciter  Réintégrer

**15**  Permanente  Saisonnière /  Ambulante

Activité(s) principale(s) exercée(s) dans l'établissement : .....

Autre(s) activité(s) : .....

En cas de modification d'activité, elle résulte d'une :  
 Adjonction d'activité  
 Suppression partielle d'activité par :  Disparition  Vente  Reprise par le propriétaire  Autre .....

**16**  NOM COMMERCIAL .....

ENSEIGNE .....

**17** ORIGINE DU FONDS OU ORIGINE DE L'ACTIVITE

Création, passer au cadre suivant  Reprise  Achat  Apport

Location-gérance  Gérance-mandat  Autre .....

Précédent exploitant : N° unique d'identification L.....

Nom de naissance / Dénomination : .....

Nom d'usage : .....

Prénoms : .....

Achat, Apport (sauf pour fonds artisanal et achat dans le cadre d'un plan de cession) :  
 Journal d'Annonces Légales : date de parution L.....

Nom du journal : .....

Location-gérance - Gérance-mandat : début L..... fin L.....

Dates du contrat : début L..... fin L.....

Renouvellement par tacite reconduction  oui  non

Loueur du fonds ou Mandant du fonds : .....

Nom de naissance / Dénomination : .....

Nom d'usage : .....

Prénoms : .....

Domicile / Siège : .....

Code postal L..... Commune : .....

Pour la gérance-mandat : N° unique d'identification du mandant L.....

Grefe d'immatriculation : .....

**FONDS DONNE EN LOCATION-GERANCE OU EN GERANCE-MANDAT**

Date : .....

Code postal L..... Commune : .....

Salariés présents  oui  non

**18**  ADRESSE : rés., bât., n°, voie, lieu-dit .....

**MISE EN LOCATION-GERANCE**  totalité du fonds  Une partie du fonds, laquelle .....

Localitaire-gérant ou Gérant-mandataire : Nom, nom d'usage, prénoms / dénomination .....

Pour la gérance-mandat : N° unique d'identification du gérant-mandataire L..... Grefe d'immatriculation / Département pour RM : .....

Domicile / Siège : .....

Code postal L..... Commune : .....

Etablissement  Principal  Secondaire

**DECLARATION RELATIVE AUX DIRIGEANTS, AUX ASSOCIES, AUX PERSONNES AYANT LE POUVOIR GENERAL D'ENGAGER LA SOCIETE, AUX PERSONNES ASSURANT LE CONTROLE, AUX COMMISSAIRES AUX COMPTES** Suite sur les intercalaires M3 ou M3 Split-Solari

**19** **POUR DECLARATION DE MODIFICATION** L.....

Modification de la situation personnelle  Maintenu ancienne qualité .....

**QUALITE, MEMBRE ET PRESIDENT DU CONSEIL DE SURVEILLANCE** .....

Nom de naissance : MARECHAL .....

Prénom : BERTRAND, PHILIPPE GERARD .....

N° **19B** : .....

Né(e) le (jj/mm/aaaa) à .....

Nationalité : FRANÇAISE .....

Dénomination, forme juridique : .....

**20** Domicile / Siège : .....

Code postal L..... Commune : .....

Domicile / Siège : 36 QUAI DE BETHUNE .....

Code postal L..... Commune : PARIS .....

Pour une personne morale : Lieu et N° d'immatriculation : .....

Représentant (si obligation de désignation) remplir cadre 9 de l'intercalaire M3

**PARTANT** : Nom de naissance, nom d'usage, prénom / Dénomination, forme juridique : MARECHAL, BERTRAND, PHILIPPE GERARD

**RENSEIGNEMENTS COMPLEMENTAIRES**

**21** **OBSERVATIONS** : Le complément mis sur l'adresse du siège social résulte simplement d'une correction suite à une omission du terme "chemin"

**22** **ADRESSE de correspondance**  Déclarée au cadre n°12.  Autre : .....

Code postal L..... Commune : .....

Tél. 33 (0)1 45 11 60 48

Télécopie / courriel : lyon@marochal.com

Le présent document constitue une demande de modification au RCS, RM, le cas échéant, au REB, et vaut déclaration aux services fiscaux, aux organismes de sécurité sociale, à l'INSEE et à l'inspection du travail. Quelconque donne, de mauvaise foi, des indications inexactes ou incomplètes s'expose à des sanctions pénales pouvant aller jusqu'à l'emprisonnement.

**23**  **LE REPRESENTANT LEGAL** nom, prénom / dénomination et adresse : Monsieur Abdelmoulim HOURI ALAMI

**LE MANDATAIRE ayant procuration** .....

**AUTRE PERSONNE justifiant d'un intérêt** .....

Centre l'exacitude des renseignements donnés : Fail à SAINT MAURICE .....

Le 24/10/2019 .....

Nombre d'intercalaires M3 ou M3 sarl / salari : 0 .....

Nombre d'intercalaires M : 1 .....

de vote(s) TNS : 0 .....

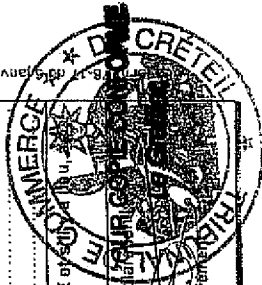
Nombre d'imprime(s) ACCRE0 .....

Nombre d'intercalaire(s) JOPA 0 .....

**SIGNATURE** Déclarant : .....

Signature : .....

Signature : .....





**INTERCALAIRE – Suite des imprimés M2 – M4 –  
M2 Agricole - M4 Agricole**



N° 11563\*02

RÉSERVÉ AU CFE

Déclaration n°

**RAPPEL D'IDENTIFICATION**

Raison sociale ou Dénomination **MARECHAL ELECTRIC**

Forme juridique **SAS**

**FUSION – SCISSION**  
Indiquer les personnes morales ayant participé à l'opération

Suite M2

| Dénomination                                      | Forme juridique | Adresse du siège                           | Numéro unique d'identification | Griffe d'immatriculation |
|---------------------------------------------------|-----------------|--------------------------------------------|--------------------------------|--------------------------|
| SOCIÉTÉ D'EXPLOITATION DES PROCÉDES MARECHAL-SEPH | SAS             | 5 avenue de Prestles - 94410 SAINT-MAURICE | 5_3_2_0_6_3_0_4_6              | Créteil                  |

**ÉTABLISSEMENTS FERMÉS dans le ressort du même greffe (M2) et dans tous les ressorts (M4)**

Suite M2 et M4

Adresse : Rés., bât., n°, voie, lieu-dit \_\_\_\_\_  
 Code postal \_\_\_\_\_ Commune \_\_\_\_\_  
 Destination :  Supprimé  Vendu  Autre \_\_\_\_\_  
 Si cessation d'emploi de tout salarié : date \_\_\_\_\_

**DÉCLARATION RELATIVE AUX ÉTABLISSEMENTS SITUÉS DANS UN AUTRE ÉTAT MEMBRE DE L'UE OU DE L'EEE**

Registre public : Pays, lieu et N° d'immatriculation (Facultatif : Activité principale et adresse)

**DÉCLARATION SOCIALE à remplir par les personnes affiliées au régime TNS**

Suite M4

**NOM DE NAISSANCE** \_\_\_\_\_  
 Nom d'usage \_\_\_\_\_ Prénom \_\_\_\_\_  
 Née le \_\_\_\_\_ à \_\_\_\_\_  
 Pour le régime TNS : N° de sécurité sociale \_\_\_\_\_

**SUITE DÉCLARATION**

M2  M4  M2 Agricole  M4 Agricole Précisez le n° du cadre correspondant 7  
 Si modification Date 17\_10\_2019