

WFD 10.7.99

10-21-1999

T.M

37 CFR 1.8 (a) CERTIFICATE

I HEREBY CERTIFY THAT THIS CORRESPONDENCE IS BEING DEPOSITED WITH THE UNITED STATES POSTAL SERVICE AS FIRST-CLASS MAIL IN AN ENVELOPE ADDRESSED TO: COMMISSIONER OF PATENTS AND TRADEMARKS, WASHINGTON D.C. 20231 DATE SET FORTH BELOW.

CORDA TRA



101177450

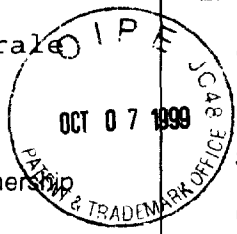
U.S. DEPARTMENT OF COMMERCE Patent and Trademark Office

Atty. Dkt. 33-80

ROLAND PLOTTEL PTO REG. NO. 20707

Patents and Trademarks: Please record the attached original documents or copy thereof.

OCT - 5 1999



1. Name of conveying party(ies):

Alcatel Alsthom Compagnie Generale D'Electricite

- Individual(s), Association, General Partnership, Limited Partnership, Corporation-State France, Other

Additional name(s) of conveying party(ies) attached? Yes No

3. Nature of conveyance: Change of name

- Assignment, Security Agreement, Merger, Change of Name, Other

Execution Date: Sept 14, 1998

2. Name and address of receiving party(ies)

Name: ALCATEL

Internal Address:

Street Address: 54 rue LA Boetie PARIS FRANCE 75008

City: PARIS State: FRANCE ZIP: 75008

- Individual(s) citizenship, Association, General Partnership, Limited Partnership, Corporation-State FRANCE, Other

If assignee is not domiciled in the United States, a domestic representative designation is attached: Yes No - change of name

(Designations must be a separate document from assignment) Additional name(s) & address(es) attached? Yes No [not needed]

4. Application number(s) or patent number(s):

- A. Trademark Application No.(s): 75/209 652, 75/319 920, 75/533 414, 75/514 545, 75/533 412

- B. Trademark Registration No.(s): 996 963, 1,624 497, 1,811 845

Additional numbers attached? Yes No

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

Name: Roland Plottel

Internal Address:

Street Address: Rockefeller Center Stn.

P.O. Box 293

City: New York State: NY ZIP: 10185-0293

10/21/1999 DNGUYEN 00000005 162128 75209652

6. Total number of applications and registrations involved: 10

7. Total fee (37 CFR 3.41).....\$ 265

- Enclosed, Authorized to be charged to deposit account

8. Deposit account number:

16-2128

(Attach duplicate copy of this page if paying by deposit account)

01 FC:481 40.00 CH, 02 FC:482 225.00 CH

DO NOT USE THIS SPACE

9. Statement and signature. To the best of my knowledge and belief, the foregoing information is true and correct and any attached copy is a true copy of the original document.

Roland Plottel Name of Person Signing

Roland Plottel Signature

OCT - 5 1999

11 Date

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

Numéro de référence : **Su B 1909**
 NOMBRE D'IMMATRICULATION R.C.S.
 NOM OU DENOMINATION :

GREFFE DU TRIBUNAL
 DE :
 CODE GREFFE :

Côte réservée au Greffier

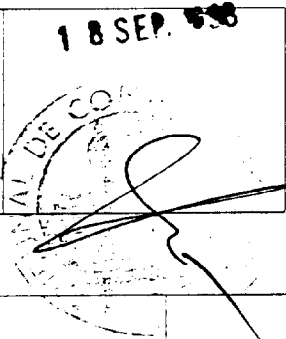
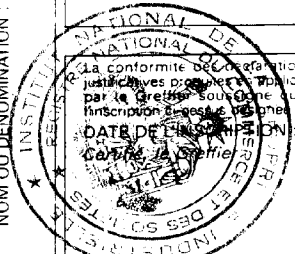
REGISTRE DU COMMERCE ET DES SOCIÉTÉS

IMMATRICULATION PRINCIPALE SECONDAIRE INSCRIPTION COMPLEMENTAIRE MODIFICATIVE CORRECTION RADIATION

Date d'arrivée au Greffe : *18 SEP 1988* Numéro d'arrivée au Greffe :

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. 67)

PIECES JUSTIFICATIVES
 ACTIVITES REGLEMENTEES (avec n. 24)
 DATE de DEPOSIT des STATUTS
 OBSERVATIONS du GREFFIER



CADRE RÉSERVÉ
 AU REGISTRE
 NATIONAL
 DU COMMERCE
 ET DES SOCIÉTÉS

La conformité des déclarations ci-annexées avec les pièces justificatives produites a été vérifiée et la publication des réglemens a été vérifiée par le Greffier soussigné. L'inscription a été effectuée en conséquence à la date de l'inscription.

DATE DE L'INSCRIPTION
 Greffe de la Chambre de Métiers

Handwritten signature

CADRE RÉSERVÉ
 A L'INSTITUT
 NATIONAL
 DE LA PROPRIÉTÉ
 INDUSTRIELLE

La conformité des déclarations ci-annexées avec les pièces justificatives produites en application des réglemens a été vérifiée sous notre responsabilité.

DATE DE L'INSCRIPTION
 Le Président de la Chambre de Métiers

en cas de PASSAGE en COMMISSION du REPERTOIRE DES MÉTIERS (articles 12 et 13 du décret du 10.06.83)

Date de la transmission à la Commission de Répertoire :
 Date de la notification :
 Paiement de la redevance : en F. :
 Production des renseignements demandés :
 Référence du Répertoire à souches :
 Attributions :
 Affectation du :
 au :

en cas de DECISION DU PRÉSIDENT DE LA CHAMBRE DE MÉTIERS (article 11 du décret du 10.06.83)

Date de dépôt de la demande :
 Demande de renseignements complémentaires :
 Date limite de la décision du Président :
 Date de la décision du Président :
 P.V. n. : en date du :
 Accord Rejet

STAGE D'INITIATION A LA GESTION (article 2 de la loi du 23/12/82)

Attestation - date de délivrance :
 Dispense - motif de la dispense :

PIECES JUSTIFICATIVES :

DEMANDE DE RADIATION
 RADIATION DE MENTION DE CONJOINT
 COLLABORATEUR (Personnes Physiques uniquement)

DECLARATION DE MODIFICATION

DEMANDE D'IMMATRICULATION
 INSCRIPTION DE MENTION DE CONJOINT
 COLLABORATEUR (Personnes Physiques uniquement)

REPERTOIRE DES MÉTIERS

CHAMBRE DE MÉTIERS

DE :

NUMÉRO D'IMMATRICULATION RM :
 SIÈGE :
 NOM OU DENOMINATION :
 Numéro de gestion : RM

TRADEMARK
 REEL: 001979 FRAME: 0480

SI LA FORMALITÉ CONCERNE UN ÉTABLISSEMENT, LES RUBRIQUES SUR FOND NOIR DOIVENT ÊTRE OBLIGATOIREMENT REMPLIES

ÉTABLISSEMENT CONCERNÉ / et le cas échéant **NOUVELLE IDENTIFICATION** au :
 si différente de celle du siège (PRINCIPAL) ÉTABLISSEMENT s'il se confond avec le siège)
ADRESSE : en cas de transfert, nouvelle adresse

N° SIRET :
 Cet établissement est (pour l'entreprise) : nouveau modifié supprimé
 CATEGORIE(S) : siège établissement principal établissement secondaire
 ENSEIGNE :
 N° RCS ou SIREN :

ANCIEN ÉTABLISSEMENT en cas de transfert
 ANCIEN LIBELLÉ DE L'ADRESSE si changement par décision du conseil municipal
 ADRESSE :

En cas de TRANSFERT du SIÈGE ou de l'ÉTABLISSEMENT, N° SIRET :
 Si cessation d'emploi de tout salarié, date : * Maintien d'une activité à l'ancien siège : OUI NON

ANALYSE DE LA MODIFICATION INTERVENUE

En cas d'OUVERTURE de l'établissement, de MODIFICATION DU MODE D'EXPLOITATION, d'ADJONCTION D'ACTIVITÉ, préciser * DATE de la modification * et ORIGINE :

<input type="checkbox"/> création	<input type="checkbox"/> transfert d'activité	<input type="checkbox"/> achat	<input type="checkbox"/> apport	<input type="checkbox"/> reprise par le propriétaire	<input type="checkbox"/> prise en location gérance	<input type="checkbox"/> autre (préciser)
<input type="checkbox"/> disparition	<input type="checkbox"/> transferts d'activités	<input type="checkbox"/> vente	<input type="checkbox"/> apport	<input type="checkbox"/> reprise par le propriétaire	<input type="checkbox"/> mise en location gérance	<input type="checkbox"/> autre (préciser)

Identité du PRÉCÉDENT EXPLOITANT :
 nom, prénom, nom de dénomination

En cas d'ACQUISITION du FONDS (par ACHAT ou APPORT) indiquer le titre et la date du journal d'annonces légales ayant publié laession :
 En cas de PRISE EN LOCATION-GÉRANCE, indiquer la durée du contrat : de ... à ...

Identité du LOUEUR du FONDS :
 nom, prénom, nom de dénomination, adresse du siège

En cas de FERMETURE de l'établissement, de MODIFICATION DU MODE D'EXPLOITATION, de SUPPRESSION D'ACTIVITÉ, préciser * DATE de la modification * et DESTINATION :

<input type="checkbox"/> reprise par le propriétaire	<input type="checkbox"/> mise en location gérance	<input type="checkbox"/> autre (préciser)
--	---	---

Identité du FERMETEUR :
 nom, prénom, nom de dénomination

et s'il est renouvelable par tacite reconduction : OUI NON



ACTIVITÉS EXERCÉES dans cet établissement au jour de la formalité :
 saisonnières permanentes ambulantes / suite à début / modification / d'exploitation

ACTIVITÉ PRINCIPALE :

ACTIVITÉS SECONDAIRES :

Observations éventuelles du déclarant ou autre(s) modification(s) :
Capital porté à la somme de 7 167 058 840 frs (27.08.98) puis à 140 000 000 frs (07.09.98)

54 rue La Boétie 75008 PARIS

LE SOUSSIGNÉ : **LA LOI () 60, Quai des orfèvres 75001 PARIS MC/N904.685**
 nom patronymique, nom d'usage, prénom, en cas de mandataire, préciser également les qualités et adresses

Mandataire :
 demande que ce document constitue et déclaration aux Services Fiscaux, aux Organismes de Sécurité Sociale, à l'INSEE, et s'il est ou cesse d'être EMPLOYEUR, à l'Inspection du Travail et à l'ASSEDIC

Observations éventuelles du déclarant ou autre(s) modification(s) :
Capital porté à la somme de 7 167 058 840 frs (27.08.98) puis à 140 000 000 frs (07.09.98)

54 rue La Boétie 75008 PARIS

FAIT à : 14/09/98
 le :
 signature :
 Mod 540 511 Reproduction interdite

FAIT à : 14/09/98
 le :
 signature :
 Mod 540 511 Reproduction interdite

In re: ALCATEL group trademarks

DECLARATION

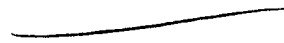
I, Andrew Scott Marland, of 35, avenue Chevreul, 92270 BOIS COLOMBES, France, declare that I am well acquainted with the English and French languages and that the attached translation of a certificate concerning a change of company name is a true and faithful translation of that document.

All statements made herein are to my own knowledge true, and all statements made on information and belief are believed to be true; and further, these statements are made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any document or any registration resulting therefrom.



Date: March 24, 1999

Andrew Scott Marland



This side for use by the Court Registrar only.

Registrar of the court at:
Registrar code:
Reference number:
RCS Register number:
Name:
Initials:

C O M P A N I E S A N D T R A D E R E G I S T E R

————— BODY CORPORATE —————

Registration: Primary Inscription: Addition
 Secondary Modified
Correction:
Deletion:

Date of arrival at Registrar's office:
Serial number in Registrar's office:

N O T E S

The Registrar and The National Institute for Industrial Property are the only parties authorized to deliver copies or extracts of the information which appears in the Companies and Trade Register, or of the Deeds which are filed in conjunction therewith, except struck of registrations which are communicated in the conditions set by the decree (of 24 September 1984) according to article 88 (decree n° 84-406 of 30 May 1984, Art 67).

Documentary Proofs:
Regulated activities: (Proof n° 24)
Date statutes filed:
Remarks by the Registrar:

The undersigned Registrar has verified that the accompanying declarations are in conformity with the proofs provided in application of the Rules, and has consequently proceeded with the above-indicated inscription:
Inscription dated:
Certified by the Registrar:

*Stamp of the
Paris Trade Court
dated 18 September 1998*

Box reserved for the National Companies and Trade Register

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 rejected

in 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

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):
MODIFICATION OF THE CAPITAL AND OF THE COMPANY NAME

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

MAIN REGISTRATION NUMBER(S)

RCS: *PARIS 542 019 096*

Trade and companies register:

RM: *20 k Bis in all.*

SIREN: Register of professions:

BODIES CORPORATE

Box reserved for use by the CCF
C7550 938616 8

*Stamp of the
Paris Trade Court
5HB 1909 55243*

M G U I D A B E F H J K T

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 *1 Sept 1998*

Name: *ALCATEL*

Initials:

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):

54, rue La Boétie, 75008 PARIS

SIRET N°: *542 019 096 00016*

(1bis)

OLD IDENTIFICATION if changed

Name: *ALCATEL ALSTHOM COMPAGNIE GENERALE
D'ELECTRICITE*

Initials:

(2)

Legal Form: *SOCIETE ANONYME (a form of joint stock company)*

Main activities of the undertaking: *Holding company.*

Date Modified:

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

25

(3)

COMMERCIAL NAME:

CAPITAL: *7 947 249 840* francs or foreign currency:

if the company has variable capital,

minimum capital: francs or foreign currency:

Date Modified: *7 September 1998*

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: *Mr TCHURUK*

Born:

Forenames: *Serge*

Department:

or Company Name:

At:

Position: *Chairman*

Nationality:

of the

Board of Directors

Change?

Unchanged

Date of Modification:

Address:

Surname:

Born:

Forenames:

Department:

or Company Name:

At:

Position:

Nationality:

Change?

Date of Modification:

Address:

Surname:

Born:

Forenames:

Department:

or Company Name:

At:

Position:

Nationality:

Change?

Date of Modification:

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

Stamp of the
Paris Trade Court

(10)

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

CATEGORY (IES): new modified terminated
 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:

<input type="checkbox"/> creation	<input type="checkbox"/> transfer of activity
<input type="checkbox"/> purchase	<input type="checkbox"/> investment
<input type="checkbox"/> take over after leasing the business	<input type="checkbox"/> taking on a business lease
	<input type="checkbox"/> 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:

<input type="checkbox"/> disappearance	<input type="checkbox"/> transfer of activity
<input type="checkbox"/> sale	<input type="checkbox"/> investment
<input type="checkbox"/> taken back by owner	<input type="checkbox"/> leased as a business
<input type="checkbox"/> other (specify).	

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):
date of the modification:

Capital increased to the sum of 7 167 058 840 frs (27 August 1998) then to the sum of 7 947 249 840 (7 September 1998) - deletion of the company name.

(18)

PERMANENT ADDRESS (for correspondence):

54 rue La Boétie, 75008 PARIS

Tel No:

(19)

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

LA LOI () 60, Quai des orfèvres, 75001 PARIS - MC/N904.685

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:

on: *14 September 1998*

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.