

02-11-2000

U.S. Department of Commerce
Patent and Trademark Office
TRADEMARK



101265895

Handwritten: 1.12.00

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RECORDATION FORM COVER SHEET

OPR/FINANCE TRADEMARKS ONLY

TO: The Commissioner of Patents and Trademarks: Please record the attached original document(s) or copy(ies).

Submission Type

- New
- Resubmission (Non-Recordation)
Document ID #
- Correction of PTO Error
Reel # Frame #
- Corrective Document
Reel # Frame #

Conveyance Type

- Assignment License
- Security Agreement Nunc Pro Tunc Assignment
Effective Date
Month Day Year
- Merger
- Change of Name
- Other

Conveying Party

Mark if additional names of conveying parties attached

Name

Execution Date
Month Day Year

Formerly

- Individual General Partnership Limited Partnership Corporation Association
- Other
- Citizenship/State of Incorporation/Organization

Receiving Party

Mark if additional names of receiving parties attached

Name

DBA/AKA/TA

Composed of

Address (line 1)

Address (line 2)

Address (line 3)

City State/Country

Zip Code

- Individual General Partnership Limited Partnership
- Corporation Association

If document to be recorded is an assignment and the receiving party is not domiciled in the United States, an appointment of a domestic representative should be attached. (Designation must be a separate document from Assignment.)

Other

Citizenship/State of Incorporation/Organization

02/10/2000 DNGUYEN 00000118 2238385

01 FC:481

40.00 OP

FOR OFFICE USE ONLY

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Mail documents to be recorded with required cover sheet(s) information to:
Commissioner of Patents and Trademarks, Box Assignments, Washington, D.C. 20231

TRADEMARK
REEL: 002019 FRAME: 0837

Domestic Representative Name and Address

Enter for the first Receiving Party only.

Name

Address (line 1)

Address (line 2)

Address (line 3)

Address (line 4)

Correspondent Name and Address

Area Code and Telephone Number

Name

Address (line 1)

Address (line 2)

Address (line 3)

Address (line 4)

Pages

Enter the total number of pages of the attached conveyance document including any attachments.

#

Trademark Application Number(s) or Registration Number(s)

Mark if additional numbers attached

Enter either the Trademark Application Number or the Registration Number (DO NOT ENTER BOTH numbers for the same property).

Trademark Application Number(s)

Registration Number(s)

Number of Properties

Enter the total number of properties involved.

#

Fee Amount

Fee Amount for Properties Listed (37 CFR 3.41):

\$

Method of Payment:

Enclosed

Deposit Account

Deposit Account

(Enter for payment by deposit account or if additional fees can be charged to the account.)

Deposit Account Number:

#

Authorization to charge additional fees:

Yes

No

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. Charges to deposit account are authorized, as indicated herein.

Perla M. Kuhn



January 12, 2000

Name of Person Signing

Signature

Date Signed

IN THE UNITED STATES PATENT AND TRADEMARKS OFFICE

In the Matter of Trademark Registration:

Registrant : Alstom Transport SA
Regn.N° : 2,238,385
Filed : April 13, 1999
Trademark : DUALIS

Assistant Commissioner for
Trademarks
2900 Crystal Drive
Arlington, VA 22202-3513

REVOCATION OF POWER OF ATTORNEY AND APPOINTMENT OF NEW ATTORNEYS
AND DOMESTIC REPRESENTATIVE

The undersigned ^{Registrant} hereby revokes all previous Powers of Attorney and Appointments of Domestic Representative made in the above-identified registration, and hereby appoints PERLA M.KUHN, RONALD ABRAMSON, JAMES B. KOBAK, JR., JULIUS RABINOWITZ, EDWIN C.BULLOCK, PETER A. SULLIVAN and ANNA M. DEPALO of the law offices of HUGHES HUBBARD & REED LLP, One Battery Park Plaza, New York, NY 10004-1482, as its attorneys herein, with full power of substitution, to transact all business in the Patent and Trademark Office in connection with this application and subsequent registration. The address for service should be directed to ^{Registrant's} new attorney's at the address given above.

HUGHES HUBBARD & REED LLP, whose postal address is One Battery Park Plaza, New York, New York 10004-1482, United States of America, is hereby designated ^{Registrant's} representative upon whom notices of process in proceedings affecting the mark be served.

ALSTOM TRANSPORT SA

By: _____

Name: CHRETIEN Gilles

Title: Intellectual Property Manager

Dated: 22/12/1999

In re:

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.



Andrew Scott Marland

Date: November 26, 1999

M2 CERFA form No 90-0195

Date declaration submitted to the CCF: 2 JUNE 1998

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:

Trade and companies register:

RM:

92B13659

SIREN:

Register of professions:

BODIES CORPORATE

Box reserved for use by the CCF

95018441327

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.

38785

(1)

IDENTIFICATION/Where applicable NEW IDENTIFICATION on 25 JUNE 1998

Name: ALSTOM TRANSPORT SA

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):

38 Avenue Kléber, 75116 PARIS

SIRET N°: 389 191 982

(1bis)

OLD IDENTIFICATION if changed

Name: GEC ALSTHOM TRANSPORT SA

Initials:

TRADEMARK

REEL: 002019 FRAME: 0841

(2)

Legal Form: *Société Anonyme (a form of joint stock company)*

Main activities of the undertaking: *Construction and repair of rail rolling stock and other guided transport equipment, industrial, commercial, financial, ... etc. operations.*

Date Modified:

Number of employees of the business on the day of the formality: 8127

(3)

COMMERCIAL NAME:

CAPITAL: francs or foreign currency:

if the company has variable capital,

minimum capital: francs or foreign currency:

Date Modified:

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: 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:

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 []

TRADEMARK

REEL: 002019 FRAME: 0842

PUBLIC ANNOUNCEMENT dated 26 JUNE 1998

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:
CATEGORY (IES): new modified terminated
 registered office
TRADING STYLE (where applicable): main establishment secondary establishment

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:

(17)
Any observations by the declarer, or any other modification(s):
date of the modification:
[illegible]

(18)
PERMANENT ADDRESS (for correspondence):

48 Rue Albert Dhalenne, 93482 SAINT-OUEN CEDEX

Tel No: 01 41 66 96 91

(19)
THE UNDERSIGNED: (family name, customary name, forenames, and if a representative, also specify status and address):
Mr. Didier GENTY - Chairman & CEO

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: *ST. OUEN*
on: *26 June 1998*
Signature: *(signature)*

*Stamp of the
INPI*

TRADEMARK

REEL: 002019 FRAME: 0845

(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, SCN 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.

TRADEMARK

REEL: 002019 FRAME: 0846

This side for use by the Court Registrar only.

Registrar of the court at:
Registrar code: 759
Reference number: 92B13659
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: 3 JULY 1998 - Stamp of the PARIS TRADE COURT
Certified by the Registrar:

*Stamp of the
National Companies and Trade Register
Dated 12 August 1999*

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

TRADEMARK

REEL: 002019 FRAME: 0848

CHAMBRE DE MÉTIERS

Côté réservé à la Chambre de Métiers

NUMÉRO DE GESTION

NUMÉRO D'IMMATRICULATION DU RM
NOM OU DENOMINATION

RM

DE :

RÉPERTOIRE DES MÉTIERS

<input type="checkbox"/> DEMANDE D'IMMATRICULATION	<input type="checkbox"/> DECLARATION DE MODIFICATION	<input type="checkbox"/> DEMANDE DE RADIATION
<input type="checkbox"/> INSCRIPTION DE MENTION DE CONJOINT COLLABORATEUR (Personne Physique uniquement)		<input type="checkbox"/> RADIATION DE MENTION DE CONJOINT COLLABORATEUR (Personne Physique uniquement)

STAGE D'INITIATION A LA GESTION <small>article 10 du décret n° 10.06.62</small> Attestation : date de délivrance : Dispositif : motif de :	en cas de DECISION DU PRESIDENT de la CHAMBRE DE METIERS <small>article 11 du décret n° 10.06.63</small> Date du dépôt de la demande : Demandes de renseignements complémentaires : Production des renseignements demandés : Date limite de la décision du Président : DECISION DU PRESIDENT : P.V. : en date du : <input type="checkbox"/> Accord <input type="checkbox"/> Rejet	en cas de PASSAGE EN COMMISSION DU REPERTOIRE DES METIERS <small>articles 12 et 13 du décret n° 10.06.63</small> Date de la transmission à la Commission de Répertoire : Date de la notification : Paiement de la redevance : en F. : <input type="checkbox"/> espèces <input type="checkbox"/> cheque bancaire <input type="checkbox"/> cheque poste Référence du Répertoire : Affichage au : à :
	PIECES JUSTIFICATIVES :	

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

DATE DE L'INSCRIPTION :

Le Président de la Chambre de Métiers :

CADRE RÉSERVE
A L'INSTITUT
NATIONAL
DE LA PROPRIÉTÉ
INDUSTRIELLE

CADRE RÉSERVE
 AU REGISTRE
 NATIONAL
 DU COMMERCE
 ET DES SOCIÉTÉS

LE GREFFE
 LE TRIBUNAL DE COMMERCE
 LE 12 JUILLET 1984

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

NUMÉRO D'IMMATRICULATION (R.N.S.)
NOM OU DENOMINATION :

PIÈCES JUSTIFICATIVES :
 ACTIVITÉS RÉGLEMENTÉES (pièce n° 24) :
 DATE DE DÉPÔT DES STATUTS :
 OBSERVATIONS DU GREFFIER :
 - 3 JUILLET 1984

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)

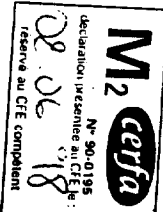
Date d'arrivée au Greffe :
 Numéro d'arrivée au Greffe :

<input type="checkbox"/> CORRECTION	<input type="checkbox"/> MODIFICATIVE	<input checked="" type="checkbox"/> INSCRIPTION	<input type="checkbox"/> PRINCIPALE	<input type="checkbox"/> SECONDAIRE
-------------------------------------	---------------------------------------	---	-------------------------------------	-------------------------------------

REGISTRE DU COMMERCE ET DES SOCIÉTÉS

DE :
 CODE GREFFE :
 GREFFE DU TRIBUNAL

Côté réservé au Greffier



DECLARATION DE MODIFICATION

Form with checkboxes for LE NTREPRISE, de L'ETABLISSEMENT, and Aures modifications (OUVERTURE, TRANSFERT de SIEGE, DISSOLUTION, etc.)

PERSONNE MORALE section with name GUIDABEF, JCKT and registration number 05018441327

QUELLE QUE SOIT LA FORMALITE, LES RUBRIQUES SUR FOND ROUGE DOIVENT OBLIGATOIREMENT ETRE REMPLIES

1 IDENTIFICATION / et le cas échéant NOUVELE IDENTIFICATION au :

DENOMINATION : ALSTOM TRANSPORT SA

SIEGE : (ou en cas de transfert, nouveau siège) : ADRESSE Y compris s'il y a lieu, IDENTITE DU DOMICILIAIRE (Nom, Prénoms ou Dénomination) : 38 rue Krieger

FORME JURIDIQUE : Société Anonyme

PRINCIPALES ACTIVITES DE L'ENTREPRISE : Construction et réparation de matériel ferroviaire roulant et autres

NOM COMMERCIAL : ALSTOM TRANSPORT SA

CAPITAL montant : 38 000 000 F

DUREE de la Personne Morale : ans ; en cas de société soumise à publicité annuelle de ses comptes, DATE DE CLOTURE de l'exercice : 31/12/98

DIRIGEANTS et le cas échéant, ADMINISTRATEURS, COMMISSAIRES AUX COMPTES et ASSOCIES tenus individuellement et solidairement des dettes sociales, MEMBRES du GIE, LIQUIDATEURS

ou NOM, PRÉNOMS ou ADRESSE DU SIEGE :

ou NOM, PRÉNOMS ou ADRESSE DU SIEGE :

ou NOM, PRÉNOMS ou ADRESSE DU SIEGE :

ou NOM, PRÉNOMS ou ADRESSE DU SIEGE :

ou NOM, PRÉNOMS ou ADRESSE DU SIEGE :

ou NOM, PRÉNOMS ou ADRESSE DU SIEGE :

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ou NOM, PRÉNOMS ou ADRESSE DU SIEGE :

ou NOM, PRÉNOMS ou ADRESSE DU SIEGE :

ou NOM, PRÉNOMS ou ADRESSE DU SIEGE :

ou NOM, PRÉNOMS ou ADRESSE DU SIEGE :

ou NOM, PRÉNOMS ou ADRESSE DU SIEGE :

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

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

Cet établissement est (pour l'entreprise) : nouveau modifié supprimé
CATEGORIE(S) : siège établissement principal établissement secondaire
ENSEIGNE :
N° SIRET :
ANALYSE DE LA MODIFICATION DU MODE D'EXPLOITATION,
D'ADJONCTION D'ACTIVITÉ, préciser : DATE de la modification : et ORIGINE :
 création transfert achat apport reprise prise en
d'activité d'activité location (loc. gérance) autre (préciser)
Identité du PRÉCÉDENT EXPLOITANT :
nom, prénom ou dénomination
n° RCS ou SIREN :
S'il y a lieu, date de radiation ou de modification au RCS du précédent exploitant :
En cas d'ACQUISITION du FONDS (par ACHAT ou APPORT) Indiquer le titre et la date du Journal d'annonces légales ayant publié la cession :
En cas de PRISE EN LOCATION-GÉRANCE, Indiquer la durée du contrat : du . . . au . . .
Identité du LOUEUR du FONDS :
nom, prénom, nom de dénomination, adresse du siège

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 RÉTABLISSEMENT, N° SIRET :
Si cessation d'emploi de tout salarié, date : . . .
• Maintien d'une activité à l'ancien siège : OUI NON

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 RÉTABLISSEMENT, N° SIRET :
Si cessation d'emploi de tout salarié, date : . . .
• Maintien d'une activité à l'ancien siège : OUI NON

ACTIVITÉS EXERCÉES dans cet établissement au jour de la formalité :
ACTIVITÉ PRINCIPALE : permanences saisonnières ambulantes ambulants / suite à
modification en d'exploitation

ACTIVITÉS SECONDAIRES :

Observations éventuelles du déclarant ou autre(s) modification(s) :
Observations éventuelles du déclarant ou autre(s) modification(s) :
Observations éventuelles du déclarant ou autre(s) modification(s) :
Observations éventuelles du déclarant ou autre(s) modification(s) :

ADRESSE PERMANENTE :
nom, prénom, nom de dénomination
adresse, secteur, suite, lieu, lieu
code postal
ville

LE SOUSSIGNÉ :
nom, prénom, nom de dénomination
adresse, secteur, suite, lieu, lieu
code postal
ville

demande d'INSCRIPTION au RCS au RM au RSAC au REBA de RADIATION au RCS au RM au RSAC au REBA
demande que ce document constitue
signature
le :
 Fait à :
signature
le :
 Fait à :
signature

En cas de FERMETURE de l'établissement ou de SUPPRESSION D'ACTIVITÉ, préciser : DATE de la modification : et DESTINATION :
 disparition transfert vente apport reprise mise en
d'activité d'activité location (loc. gérance) autre (préciser)
Identité du BÉNÉFICIAIRE :
nom, prénom, nom de dénomination, adresse ou Siège
et s'il est renouvelable par tacite reconduction : OUI NON