

02-11-2000

Department of Commerce
and Trademark Office
ADEMARK



101265894

RECEIVED

2100 JAN 12 AM 8:34

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
- ☒ Other

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.)

- ☒ Citizenship/State of Incorporation/Organization

02/10/2000 DNGUYEN 00000119 75327044

FOR OFFICE USE ONLY

01 FC:481 40.00 OP
02 FC:482 25.00 OP

Public burden reporting for this collection of information is estimated to average approximately 30 minutes per Cover Sheet to be recorded, including time for reviewing the document and gathering the data needed to complete the Cover Sheet. Send comments regarding this burden estimate to the U.S. Patent and Trademark Office, Chief Information Officer, Washington, D.C. 20231 and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Paperwork Reduction Project (0651-0027), Washington, D.C. 20503. See OMB Information Collection Budget Package 0651-0027, Patent and Trademark Assignment Practice. DO NOT SEND REQUESTS TO RECORD ASSIGNMENT DOCUMENTS TO THIS ADDRESS.

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: 0897

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:

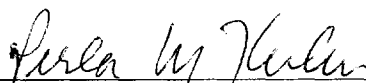
Yes ☒

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



1/12/2000

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° : 2,177,341
Filed : July 28, 1998
Trademark : ONIX

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.

A handwritten signature in black ink, appearing to read "AS Marland", is written over the printed name.

Date: November 26, 1999

Andrew Scott Marland

A single, slightly wavy horizontal line drawn in black ink, located below the signature and name.

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: 0901

(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: 0902

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
☐ 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	<input type="checkbox"/> taking on a business lease
<input type="checkbox"/> leasing the business	<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 |X|, 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*

(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.

Registrar of the court at:
Registrar code: 759
Reference number: 92B13659
RCS Register number:
Name:
Initials:

———— BODY CORPORATE ————

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

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).

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:

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: 0908

GREFFE DU TRIBUNAL

DE :

CODE GREFFE :

REGISTRE DU COMMERCE ET DES SOCIÉTÉS

IMMATRICULATION

☐ PRINCIPALE
☐ SECONDAIRE

INSCRIPTION

☐ COMPLEMENTAIRE
☒ MODIFICATIVE

☐ CORRECTION
☐ RADIATION

Date d'arrivée au Greffe

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 (piece n° 24) :

DATE de DÉPÔT des STATUTS :

OBSERVATIONS du GREFFIER :

- 3 JUIN. 1998

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

CADRE RÉSERVÉ
AU REGISTRE
NATIONAL
DU COMMERCE
ET DES SOCIÉTÉS

INDUSTRIELLE
DE LA PROPRIÉTÉ
NATIONAL
à L'INSTITUT
CADRE RÉSERVÉ

Le Greffier de l'Inscription

Le Président de la Chambre de Métiers

STAGE D'INITIATION À LA GESTION

DEMANDE D'IMMATRICULATION
INSCRIPTION DE MENTION DE CONJOINT
COLLABORATEUR

DECLARATION DE MODIFICATION

DEMANDE DE RADIATION

RÉPERTOIRE DES MÉTIERS

CHAMBRE DE MÉTIERS

DE :

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

1. ÉTABLISSEMENT CONCERNÉ / et le cas échéant **NOUVELLE IDENTIFICATION** au :

ADRESSE : si différente de celle du siège (PRINCIPAL ÉTABLISSEMENT s'il se confond avec le siège)
 : en cas de transfert, nouvelle adresse

N° SIRET :

Cet établissement est (pour l'entreprise) : nouveau ☐ modifié ☐ supprimé ☐
 CATEGORIE(S) : siège ☐ établissement principal ☐ établissement secondaire ☐
 ENSEIGNÉ : ☐

11. En cas d'OUVERTURE de l'établissement, de MODIFICATION DU MODE D'EXPLOITATION, d'ADJONCTION D'ACTIVITÉ, préciser :

DATE de la modification : et **ORIGINE** :
 création ☐ transfert ☐ achat ☐ apport ☐ reprise après loc. gérance ☐ prise en location (préciser) ☐ autre ☐
 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 au siège

12. 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 ☐

13. En cas de FERMETURE de l'établissement, de MODIFICATION DU MODE D'EXPLOITATION, de SUPPRESSION D'ACTIVITÉ, préciser :

DATE de la modification : et **DESTINATION** :
 disparition ☐ transfert ☐ vente ☐ apport ☐ reprise par le propriétaire ☐ mise en location (préciser) ☐ autre ☐
 Identité du BÉNÉFICIAIRE :
 nom, prénom, nom de dénomination, adresse au siège

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

14. ACTIVITÉS EXERCÉES dans cet établissement au jour de la formalité :
ACTIVITÉ PRINCIPALE : permanentes ☐ saisonnières ☐ ambulantes ☐ / suite à ☐ / suite à ☐ / suite à ☐
 modification ☐ exploitation ☐

ACTIVITÉS SECONDAIRES :

Observations éventuelles du déclarant ou autre(s) modification(s) : *voir page 2*

15. ADRESSE PERMANENTE :
 nom, prénom, nom de dénomination, adresse au siège : *SAINT-DENIS*
 code postal : *93482*
 ville : *LA RUE ALBERT SHALOM*
 type : *CEDEX*
 tel : *01-41-66-36-3*

16. LE SOUSSIGNÉ : *Y. DIDOT GENEY*
 nom, prénom, nom de dénomination, adresse au siège : *SAINT-DENIS*
 code postal : *93482*
 ville : *LA RUE ALBERT SHALOM*
 type : *CEDEX*
 tel : *01-41-66-36-3*

demande d'INSCRIPTION au RCS ☒ au RM ☐ au RSAC ☐ au REBA ☐ de RADIATION au RCS ☐ au RM ☐ au RSAC ☐ au REBA ☐
 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

17. NOUVEAU ou MAINTIEN de la demande de transfert du siège dans un autre greffe ou autre Chambre de Métiers, préciser :
 pour chaque membre du GIE : n° RCS, nom RM, et si s'agit d'un établissement, le nom de l'établissement, le nom du conjoint, date et lieu du mariage, régime matrimonial et clauses contractuelles éventuelles. En cas de GÉFANT et/ou ASSOCIÉ majoritaire de S.M., ASSOCIÉ de S.M. ou SCS, notamment, joindre un document social TM
 PARTANT : en cas de GÉFANT et/ou ASSOCIÉ majoritaire de S.M., ASSOCIÉ de S.M. ou SCS, notamment, joindre un document social TM

IN THE UNITED STATES PATENT AND TRADEMARKS OFFICE

In the Matter of Trademark Application :

Registrant : Alstom Transport SA
Serial N° : 75/327,044
Filed : July 18, 1997
Trademark : IAGO

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 Applicant hereby revokes all previous Powers of Attorney and Appointments of Domestic Representative made in the above-identified application 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 Applicant'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 Applicant'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