

01-30-2001



101599653

1.18.01

RECORDATION FORM COVER SHEET
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
 - Merger
 - Change of Name
 - Other _____
- Effective Date
Month Day Year
01182000

Conveying Party

- Mark if additional names of conveying parties attached
- Name Execution Date
Month Day Year
01182000
- 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/AK/A/T/A _____
- Composed of _____
- Address (line 1)
- Address (line 2)
- Address (line 3) State/Country Zip Code
- Individual General Partnership Limited Partnership Corporation Association
- Other _____
- Citizenship/State of Incorporation/Organization

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.)

FOR OFFICE USE ONLY

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: 002225 FRAME: 0968

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)		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="2288959"/>	<input type="text" value="2203558"/>	<input type="text" value="1092634"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="2199363"/>	<input type="text" value="2297199"/>	<input type="text" value="2289962"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="1998987"/>	<input type="text" value="1707749"/>	<input type="text" value="2395698"/>

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.

Bryna S. Silver, A Member of the PA Bar

Name of Person Signing

Bryna Silver

Signature

January 11, 2001

Date Signed

**RECORDATION FORM COVER SHEET
CONTINUATION
TRADEMARKS ONLY**

FORM PTO-1618C
Expires 06/30/99
OMB 0651-0027

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

Conveying Party

Enter Additional Conveying Party

Mark if additional names of conveying parties attached

Execution Date
Month Day Year

Name

Formerly

Individual General Partnership Limited Partnership Corporation Association

Other

Citizenship State of Incorporation/Organization

Receiving Party

Enter Additional 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

Citizenship/State of Incorporation/Organization

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 the Assignment.)

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)

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Registration Number(s)

2230622	1295586	1987863
1702782	1965296	1061086
1772760	2001006	1999459
1734325	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

DESIGNATION OF DOMESTIC REPRESENTATIVE

Aventis Pharma S.A., a company organized and existing under the laws of France, hereby designates Synnestvedt & Lechner LLP, 2600 Aramark Tower, 1101 Market Street, Philadelphia, PA 19107-2950, as Domestic Representative upon whom notice or process may be served in proceedings affecting the following applications and registrations:

<u>Application/Registration No.</u>	<u>Filing/Registration Date</u>
1,061,086	March 15, 1977
1,092,634	June 6, 1978
1,295,586	September 18, 1984
1,702,782	July 28, 1992
1,707,749	August 18, 1992
1,734,325	November 24, 1992
1,772,760	May 25, 1993
1,965,296	April 2, 1996
1,987,863	July 23, 1996
1,998,987	September 10, 1996
1,999,459	September 10, 1996
2,001,006	September 17, 1996
2,199,363	October 27, 1998
2,203,558	November 17, 1998
2,230,622	March 9, 1999
2,288,959	October 26, 1999
2,289,962	November 2, 1999
2,297,199	December 7, 1999
2,395,698	October 17, 2000

Aventis Pharma S.A.

Dated: January 11, 2001

By: Bryna S. Silver
Bryna S. Silver
Attorney for Applicant/Registrant

Attorney Docket No. G24,687

GREFFE DU TRIBUNAL

DE :

CODE GREFFE :

82 B 155

RÉGISTRE DU COMMERCE ET DES SOCIÉTÉS

IMMATRICULATION

- PRINCIPALE
- SECONDAIRE

INSCRIPTION

- COMPLÉMENTAIRE
- MODIFICATIVE

- CORRECTION
- RADIATION

Date d'arrivée au Greffe :

Numéro d'arrivée au Greffe :

4425

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)

PIÈCES JUSTIFICATIVES :

ACTIVITÉS RÉGLEMENTÉES (pièce n° 24)

DATE de DÉPÔT des STATUTS :

OBSERVATIONS du GREFFIER :

La conformité des déclarations ci-annexées... vérifiée par le Greffier... conséquence à l'inscription...

20 JAN. 2000

DÉPÔT N°



CADRE RÉSERVÉ AU REGISTRE NATIONAL DU COMMERCE ET DES SOCIÉTÉS

CADRE RÉSERVÉ A L'INSTITUT NATIONAL DE LA PROPRIÉTÉ INDUSTRIELLE

DATE DE L'INSCRIPTION : en application des règlements à été vérifiée sous notre responsabilité

Le Président de la Chambre de Métiers

PIÈCES JUSTIFICATIVES :

STAGE D'INITIATION A LA GESTION

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

DECLARATION DE MODIFICATION

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

RÉPERTOIRE DES MÉTIERS

CHAMBRE DE METIERS

69251 767340 7

IDENTIFICATION DIRIGEANTS ACTIVITÉS FERMETURE

IDENTIFICATION (visuoplate TRANSFERT)

OUVERTURE

DE L'ÉTABLISSEMENT :

Autres modifications (à préciser s'il y a lieu) :

Décret n° 81.257 du 18 mars 1981 modifié créant des Centres de Formalités des Entreprises

NUMÉRO(S) DE L'IMMATRICULATION PRINCIPALE

304463284

RCS NANTERRE

Reposoir des Métiers

Registre du Commerce et des Sociétés

QUELLE QU'ELLE SOIT LA FORMALITÉ LES RUBRIQUES SUR FOND ROUGE DOIVENT OBLIGATOIREMENT ÊTRE REMPLIES ET SI LA MODIFICATION CONCERNE UN ÉTABLISSEMENT, LES RUBRIQUES SUR FOND NOIR DOIVENT AUSSI ÊTRE REMPLIES

IDENTIFICATION / et le cas échéant NOUVELLE IDENTIFICATION au : 17/01/2000

DÉNOMINATION AVENTIS PHARMA S.A.

SIGLE :

IDENTIFICATION ANCIENNE en cas de modification : DÉNOMINATION RHONE-POULENC RORER S.A.

DÉNOMINATION RHONE-POULENC RORER S.A.

SIGLE :

SIÈGE (ou en cas de transfert, nouveau siège) : ADRESSÉ y compris s'il y a lieu, IDENTITÉ DU DOMICILIAIRE (Nom, Prénoms ou Dénomination) : 20 AVENUE RAYMOND ARON

92160 ANTONY

N° SIRET :

FORME JURIDIQUE : SA

PRINCIPALES ACTIVITÉS DE L'ENTREPRISE : vente de produits chimiques

EFFECTIF SALARIE de l'entreprise : h 500

DATE DE LA MODIFICATION

DATE DE LA MODIFICATION

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TRADEMARK

REEL: 002225 FRAME: 0973

Application aux réponses faites à ce formulaire pour les personnes

ENGLISH TRANSLATION OF THE RECORDAL OF A CHANGE ON THE COMPANIES REGISTER

M2 CERFA N°90-0195 Declaration presented to the CFE on the 20 JAN 2000 Reserved to the competent CFE	- of the COMPANY : IDENTIFICATION X - of the ESTABLISHMENT : OPENING - Other modification if applicable) :	DECLARATION OF MODIFICATION CHARACTERISTICS DIRECTORS TRANSFER of the REGISTERED OFFICE WINDING UP IDENTIFICATION DIRECTORS ACTIVITIES CLOSING (including transfer)	LEGAL ENTITY C9251 767 346 9
Decree N°81-257 of March 18, 1981 creating Centres of Company Formalities NUMBERS OF THE PRINCIPAL REGISTRATION 3044463284 RM SIREN Roll of Craftsmen RCS NANTERRE : Corporate Register			

WHATEVER THE FORMALITY, THE HEADINGS ON RED BACKGROUND MUST BE FILLED OUT, AND IF THE MODIFICATION CONCERNS AN ESTABLISHMENT, THE HEADINGS ON BLACK BACKGROUND MUST ALSO BE FILLED OUT

IDENTIFICATION / and where applicable NEW IDENTIFICATION at : 17/1/2000
 (INITIALS)
FORMER IDENTIFICATION, in the event of modification
 CORPORATE NAME : **AVENTIS PHARMA S.A.**
 (INITIALS)
CORPORATE NAME : RHONE-POULENC RORER S.A..
 (INITIALS)

Registered Office (or, in case of transfer, new registered office), address including if necessary IDENTITY OF THE PLACE WHERE DOMICILED (last name and first name or Corporate name) :
20 AVENUE RAYMOND ARON
92160 ANTONY

N°SIRET

LEGAL FORM (and special status if any) : SA (société Anonyme)
PRINCIPAL ACTIVITIES OF THE COMPANY : Sale of chemical products
SALARIED WORKFORCE of the company : 4500

COMMERCIAL NAME
CAPITAL amount :
TERM of the legal entity :
 or if the company is a variable capital company, minimum amount : FRF
 years ; if company is subject to annual publicity of its financial statements, **CLOSING DATE** of the accounting period

DIRECTORS and where applicable, **ADMINISTRATORS**, **STATUTORY AUDITORS** and **AFFILIATES** bound indefinitely and jointly and severally by company debts, **MEMBERS** of the Economic Interest Grouping, **LIQUIDATORS**
 For the establishment described below, if necessary, Person(s) empowered to engage by its (their) signature the company's responsibility (**AUTHORISED REPRESENTATIVE(S)**), **UNDIVIDED OWNERS OF THE FUNDS**.
 LAST NAME, first name
 Or **CORPORATE NAME**
ADRESS FOR SERVICE
 Or **ADDRESS OF REGISTERED OFFICE**
Former capacity (if applicable) present or new capacity date of birth department commune or country of birth nationality

In the event of **WINDING UP** : the company is continuing its operation for the needs of liquidation : YES / NO, specify in the box **DIRECTORS** the references of the **LIQUIDATORS**.
 Indicate the title and the date of the journal of the legal announcements that published the appointment of the liquidators :

In the event of **TRANSFER** of the **REGISTERED OFFICE** to the jurisdiction of another Court, indicate the **COURT CLERKS** where secondary registrations have possibly been signed :
List to be continued on inserts : YES / NO

In the event of **MODIFICATION** of **CAPITAL** following a **MERGER** or a **DEMERGER**, Legal Entities that took place in the operation (Corporate Name, Legal Form, Address of the registered office, Corporate Register number) :
List to be continued on inserts : YES / NO

<p>ESTABLISHMENT CONCERNED, and if applicable, NEW IDENTIFICATION on:</p> <p>ADDRESS :</p> <p>N° SIRET :</p> <p>This establishment is (for the company) : New modified suppressed principal establishment secondary establishment</p> <p>CATEGORY(IES) : registered office principal establishment secondary establishment</p> <p>SIGN :</p>	<p>FORMER ESTABLISHMENT in the event of the transfer</p> <p>FORMER PARTICULARS OF THE ADDRESS ADDRESS :</p> <p>In the event of TRANSFER of the registered office or of the ESTABLISHMENT, SIRET N° If termination of employment of any employee, date Maintenance of an activity at the former registered office : YES NO</p>
--	--

ANALYSIS OF THE MODIFICATION THAT HAS OCCURRED

<p>IN THE EVENT OF OPENING OF AN ESTABLISHMENT, OF MODIFICATION IN THE SYSTEM OF OPERATION, OF ADDITION OF ACTIVITY, specify and origin :</p> <p>Date of the modification :</p> <p>Creation: Transfer of activity purchase contribution taking back after lease management taking of lease management other (specify) :</p> <p>IDENTITY OF PREVIOUS OPERATOR : Last name and first name or corporate name</p> <p>CORPORATE REGISTER or SIREN : If applicable, date of removal from or modification on the Corporate Register of previous operator : (possibly to be filled out the court clerk)</p>	<p>In the event of closure of the establishment, of modification of the method of operation, of termination of activity, specify date of modification and destination :</p> <p>Disappearance transfer of activity sale contribution taking back by owner putting into lease management other (specify) :</p> <p>IDENTITY OF THE BENEFICIARY : last name and first name or corporate name</p>
--	--

In the event of **ACQUISITION** of **BUSINESS ASSETS** (through purchase or contribution), indicate the title and date of the journal of legal announcements that published the transfer :

In the event of taking in lease management, indicate the term of the contract : fromto.....and whether it is renewal by tacit agreement YES NO

Identity of the **RENTER** of the **BUSINESS ASSETS** :
 last name and first name or corporate name, address of registered office

Activities exercised in the establishment on the day of the formality :

to be filled out only if this establishment is new or if its activities have been modified :

permanent seasonal travelling following beginning modification end of operation

PRINCIPAL ACTIVITY :

SECONDARY ACTIVITY :

Possible observations of the declarer or other modification(s) :

PERMANENT ADDRESS : Head office and for returning the registration correspondence - J.S.S 8 Rue Saint Augustin 75080 PARIS 02
 building, stairway, entry, block, tower road : N° type particulars commune postal code distributing post office or cedex
 Tel : 01.47.03.10.10

THE UNDERSIGNED : Agnès BOUDAL, authorised agent
 Last name, usual name, in the event of authorised agent, also specify his capacities and address

Request that this document constitutes request for registration on the

Corporate register Roll of craftsmen RSAC REBA REBA for removal from the corporate register Roll of Craftsmen RSAC REBA
 And declaration to the Tax Authorities, Social Security Organisation, National Institute for Statistic and Economic Studies and, if it is or if it ceases to be an Employer, to Labour Inspection and to the Association for Industrial and Commercial Corporation.

Signed in Paris : 18/01/2000

Our ref 121575/JF8