

08-28-2002

Form PTO-1594 (Rev. 03/01) OMB No. 0651-0027 (exp. 5/31/2002)

RECOF TR



S. DEPARTMENT OF COMMERCE U.S. Patent and Trademark Office

Tab settings

102202998

To the Honorable Commissioner of Patents and Trademarks: Please record the attached original documents or copy thereof.

1. Name of conveying party(ies):

Rhone-Poulenc Animal Nutrition 8-22-102

- 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:

- Assignment Merger Security Agreement Change of Name Other

Execution Date: FEB. 15, 2000

2. Name and address of receiving party(ies)

Name: AVENTIS ANIMAL NUTRITION SA

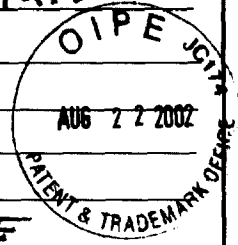
Internal Address:

Street Address: 42 AVENUE ARISTIDE BRIAND

City: ANTONY State: FRANCE Zip: 92160

- 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 (Designations must be a separate document from assignment) Additional name(s) & address(es) attached? Yes No



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

A. Trademark Application No.(s) 75/448,094 75/498,411

B. Trademark Registration No.(s) 2,202,441 2,246,905 1,952,106 2,212,064 2,470,038 2,444,037 1,697,881

Additional number(s) attached Yes No

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

Name: DONALD L. DENNISON

Internal Address: SUITE 612

Street Address: 1745 JEFFERSON DAVIS Highway

City: ARLINGTON State: VA Zip: 22202

6. Total number of applications and registrations involved: 9

7. Total fee (37 CFR 3.41) \$ 240

- Enclosed Authorized to be charged to deposit account CREDIT CARD

8. Deposit account number:

DO NOT USE THIS SPACE

9. Signature.

Handwritten signature of Donald L. Dennison

Name of Person Signing

Signature

Handwritten date: AUG. 19, 2002

Date

Total number of pages including cover sheet, attachments, and document: 7

08/27/2002 JJALLANZ 00000006 75448094

Mail documents to be recorded with required cover sheet information to: Commissioner of Patent & Trademarks, Box Assignments Washington, D.C. 20231

01 FC:481 02 FC:482

40.00 OP 200.00 OP

TRADEMARK REEL: 002570 FRAME: 0296

CLERK'S OFFICE OF THE COURT
OF:

CLERK'S OFFICE CODE:

Reference number:

TRADE AND COMPANIES REGISTER NUMBER:

NAME:

LOGO:

For office use

CABINET DE LA HANSE S.A.
Traductions Juridiques
Techniques et Officielles
Interprètes
35, rue de la Bienfaisance - 75008 PARIS
Tél. : 01 45 63 81 18

86B2558

TRADE AND COMPANIES REGISTER

REGISTRATION

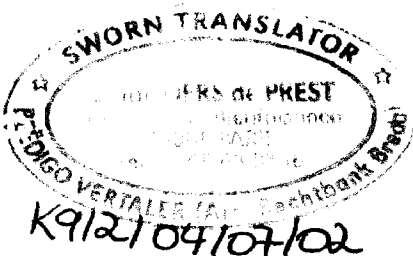
PRINCIPAL

ENTRY

ADDITIONAL

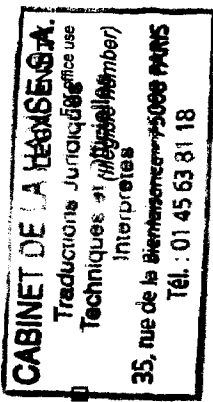
SECONDARY

AMENDMENT



*For true and correct
translation from
French into English*

L de Prest



DECLARATION OF MODIFICATION

- TO THE COMPANY: IDENTIFICATION CHARACTERISTICS EXECUTIVES TRANSFER OF HEAD OFFICE WINDING-UP
- TO THE ESTABLISHMENT: OPENING IDENTIFICATION EXECUTIVES ACTIVITIES CLOSURE
- Other modifications (please specify if any):

Decree No. 81-257 of 18th March 1981, as amended, creating the Company Formalities Centres
 MAIN REGISTRATION NUMBERS
 "Siren" national identification number:
 Trade and companies register:
 Trade directory:

IRRESPECTIVE OF THE FORMALITY, THE RED SECTIONS MUST BE COMPLETED.
 IF THE MODIFICATION CONCERNS AN ESTABLISHMENT, THE BLACK SECTIONS MUST ALSO BE COMPLETED.

IDENTIFICATION (where appropriate, NEW IDENTIFICATION on 15/2/00)
 NAME: AVENTIS ANIMAL NUTRITION SA
 LOGO:
 HEAD OFFICE (in case of transfer, new head office): ADDRESS, including, where appropriate, the identity of the paying agent (Surname, first names or company name):
 42 avenue Aristide Briand, 92160 Antony
 "SIRET" NATIONAL IDENTIFICATION NO.: 916 850 283 00127

LEGAL FORM: Limited company (société anonyme)
 COMPANY'S MAIN ACTIVITIES: Research, manufacturing and sales into and of all animal and human nutrition and health products.

TRADE NAME: AVENTIS ANIMAL NUTRITION
 CAPITAL: amount: 503,035,700 (francs or foreign currency) or if a variable capital company, minimum amount:
 (francs or foreign currency)
 TERM OF THE LEGAL ENTITY: 99 years; in the case of a company obliged to publish its accounts annually, CLOSING DATE of the company year: (day) 12 (month) 99

- EXECUTIVES and, where appropriate, DIRECTORS, AUDITORS and PARTNERS with indefinite joint liability for company debts, EIG MEMBERS, LIQUIDATORS
 - For the establishment described below, if any, person(s) whose signature(s) is(are) binding on the company (PERSON(S) HOLDING POWER OF ATTORNEY), JOINT BUSINESS OWNERS.

SURNAME: First names:
 (or COMPANY NAME)
 DOMICILE:
 (or HEAD OFFICE ADDRESS)
 Former title if any: Deputy Chairman and director
 Current/new title:
 Date of birth: Place of birth: Nationality:
 New appointment Resigned/dismitted Modified

SURNAME: First names:
 (or COMPANY NAME)
 DOMICILE:
 (or HEAD OFFICE ADDRESS)
 Former title if any:
 Current/new title:
 Date of birth: Place of birth: Nationality:
 New appointment Resigned/dismitted Modified

List continued on separate page: YES NO
 In case of WINDING-UP: the company continues to operate for the purposes of liquidation: YES NO specify the references of the LIQUIDATOR(S) in the EXECUTIVES section
 Title and date of legal notices paper that published the appointment of the liquidator(s):
 In case of TRANSFER OF THE HEAD OFFICE to another court's jurisdiction, CLERK'S OFFICES where secondary registrations may have been filed:
 List continued on separate page: YES NO
 In case of MODIFICATION of the CAPITAL following a MERGER or a DEMERGER , legal entities participating in the operation (name, legal form, head office address, trade and companies register No.):
 List continued on separate page: YES NO

Date of modification:

Date of modification:

Date of modification:

Date of modification:

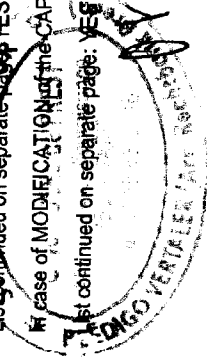
Date of modification:

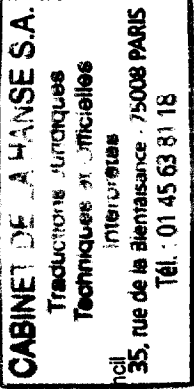
Date of modification:

Date of modification:

Date of modification:

Date of modification:





IF THE FORMALITY CONCERNS AN ESTABLISHMENT, THE BLACK SECTIONS MUST BE COMPLETED

ESTABLISHMENT CONCERNED / and, where appropriate NEW IDENTIFICATION on FORMER ESTABLISHMENT in case of transfer
ADDRESS - if different from the head office (MAIN ESTABLISHMENT if same as the head office)
- in case of transfer, new address

SIRET NO.

This establishment is (for the company):
new modified closed
CATEGORIES: head office main establishment secondary establishment

TRADE NAME:
(if any)

In case of TRANSFER of the HEAD OFFICE or of the ESTABLISHMENT, SIRET No.:

If any employee's contract terminated, date: YES NO

ANALYSIS OF THE MODIFICATION

In case of OPENING of the establishment, MODIFICATION of the OPERATING METHOD, and ORIGIN:
ADDITIONAL ACTIVITY, specify date of modification

In case of CLOSURE of the establishment, MODIFICATION of the OPERATING METHOD, and PURPOSE:
TERMINATION of ACTIVITY, specify date of modification

- creation
- transfer of activity
- purchase
- transfer of assets
- control resumed after management agreement
- management agreement takeover
- other (please specify)
- closure
- sale
- contribution
- control resumed by the owner
- management agreement takeover
- other (please specify)

Identity of PREVIOUS OPERATOR:
(surname, first names or company name)

Identity of BENEFICIARY:
(surname, first names or company name, head office address)

Trade and companies register or SIREN No.:

Where appropriate, date of previous operator's deletion or modification on the trade and companies register:

In case of ACQUISITION of the BUSINESS (by PURCHASE or TRANSFER OF ASSETS), title and date of the legal announcements newspaper that published the assignment:

In case of a MANAGEMENT AGREEMENT TAKEOVER, contractual term: from: to: YES NO

Identity of MANAGEMENT AGREEMENT HOLDER:
(surname, first names or company name, head office address)

ACTIVITIES CONDUCTED in this establishment on the date of the formality: permanent seasonal travelling following start modification end of operation

MAIN ACTIVITY:
SECONDARY ACTIVITIES:

Comments (if any) by the declaring party or other modification(s):

Date of modification

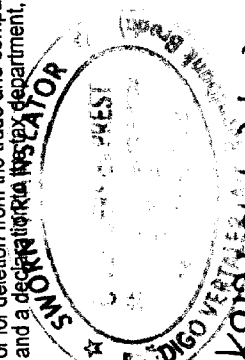
PERMANENT ADDRESS: Head office for correspondence

Signed in: Antony
Date:

Signature: (Signed)

I, the undersigned, Evelyne Richard, representing Mr Alain Godard, Chairman, request that this document should constitute an application for registration on the trade and companies register the trade directory the special register of inland waterway carriers for deletion from the trade and companies register the register of inland waterway carriers the special register of inland waterway carriers the register of inland waterway carriers and a decision by the tax department, national insurance agencies, the Insee and, if I am or cease to be an EMPLOYER, to the Labour Inspectorate and the Assedic.

For true and correct translation from French into English
I. N. P. S. A.



GREFFE DU TRIBUNAL

DE :

CODE GREFFE :

2632558

REGISTRE DU COMMERCE ET DES SOCIÉTÉS

SIGLE :

IMMATRICULATION

- PRINCIPALE
- SECONDAIRE

INSCRIPTION

- COMPLÉMENTAIRE
- MODIFICATIVE

- CORRECTION
- RADIATION

Date d'arrivée au Greffe :

Numéro d'arrivée au Greffe :

25503

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)

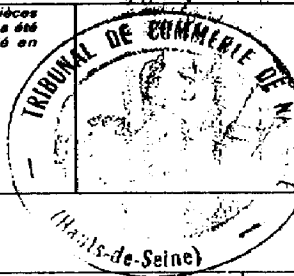
PIÈCES JUSTIFICATIVES :

- ACTIVITÉS RÉGLEMENTÉES (pièce n° 24) :
- DATE DE DÉPÔT des STATUTS :
- OBSERVATIONS du GREFFIER :

GREFFE TRIBUNALE DE COMMERCE DE NANTERRE
17 MARS 2000
DEPOT N°

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

Numéro de référence :

NUMERO D'IMMATRICULATION RCS :

NOM OU DÉNOMINATION :

CADRE RÉSERVÉ
A L'INSTITUT
NATIONAL
DE LA PROPRIÉTÉ
INDUSTRIELLE

en 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 :

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 Repertoire :
Date de la notification :
Paiement de la redevance : en espèces en chèque postal
Référence du Registre à l'annexe :
Affichage du :
au :

en cas de DÉCISION DU PRÉSIDENT DE LA CHAMBRE DE MÉTIERS (article 11 du décret du 10.06.83)
Date du dépôt de la demande :
Demande de renseignements complémentaires :
Production des renseignements demandés :
Date limite 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 :

PIÈCES JUSTIFICATIVES :

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

DÉCLARATION DE MODIFICATION

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

REPERTOIRE DES MÉTIERS

DE :

NUMERO D'IMMATRICULATION RM :

RM :

SIREN :

TRADEMARK

REEL: 002570 FRAME: 0300

DE L'ENTREPRISE	<input checked="" type="checkbox"/> IDENTIFICATION	<input checked="" type="checkbox"/> CATACTERISTIQUES	<input type="checkbox"/> DIRIGEANTS	<input type="checkbox"/> TRANSFERT DE SIEGE	<input type="checkbox"/> DISSOLUTION
DE L'ÉTABLISSEMENT	<input type="checkbox"/> IDENTIFICATION	<input type="checkbox"/> IDENTIFICATION	<input type="checkbox"/> DIRIGEANTS	<input type="checkbox"/> ACTIVITES	<input type="checkbox"/> FERMETURE

Autres modifications (à compléter si applicable):

ANNUAIRE DE L'IMMATRICULATION PRINCIPALE

RM

Révisé au C.E.S. conformément

(3 2 0 1 0 0 8 8 0 8)
M GUIDABEFHJKT
Doc. sociaux joints :
Inscrits joints :

OBJET (QUE SOIT LA FORMATION, LES RUBRIQUES SUR FOND ROUGE DOIVENT OBLIGATOIREMENT ÊTRE REMPLIES ET LA MODIFICATION CONCERNE UN ÉTABLISSEMENT, LES RUBRIQUES SUR FOND NOIR DOIVENT AUSSI ÊTRE REMPLIES)

1 IDENTIFICATION / et le cas échéant NOUVELLE IDENTIFICATION : **AVENTIS ANIMAL NOTRITION SA** IDENTIFICATION ANCIENNE : **KROVNE POULENC ANIMAL NOTRITION SA**

2 FORME JURIDIQUE : **SA** NOM COMMERCIAL : **AVENTIS ANIMAL NOTRITION**

3 CAPITAL : **503 033 900** CAPITAL minimum : **503 033 900**

4 DIRIGEANTS : Le **général ADMINISTRATEUR, (COMPTABLES, CAISSE, GOMPTES et ASSOCIÉS** lequ indéfirmement et solidirement des dettes sociales, MEMBRES DU GIE, LIQUIDATEURS

1	2	3	4	5	6	7	8
NO	NOM	QUALITE	DATE	TYPE	NATIONALITE	DATE	MODIFICATION
1
2
3
4
5
6
7
8

1) **ETABLISSEMENT CONCERNE**
 ADRESSE : *[Redacted]*

2) Or établissement est (pour l'entreprise) :
 CATEGORIE(S) : siège établissement principal établissement secondaire
 ENSEIGNE : *[Redacted]*

3) **ANALYSE DE LA MODIFICATION INTERVENUE**
 En cas d'OUVERTURE de l'établissement, de MODIFICATION DU MODE D'EXPLOITATION, d'ADDITION/D'ACTIVITE, préciser :
 - **ADDITION/D'ACTIVITE** : ajout d'activité
 - **MODIFICATION DU MODE D'EXPLOITATION** : création transfert vente apport reprise par le propriétaire mise en location autre (préciser)
 Identité du BÉNÉFICIAIRE : *[Redacted]*

4) **ACQUISITION**
 Identité : *[Redacted]*

5) **ADRESSE**
 Adresse : *[Redacted]*

6) **LE SOUSSEIGNÉ**
 Nom : *[Redacted]*
 Prénom : *[Redacted]*
 Adresse : *[Redacted]*
 Signature : *[Redacted]*

7) **ANCIEN ETABLISSEMENT** en cas de transfert
 ANCIEN LIBELLE DE L'ADRESSE si changement par décision du conseil municipal
 ADRESSE : *[Redacted]*

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

8) **En cas de FERMETURE de l'établissement, de MODIFICATION DU MODE D'EXPLOITATION, de SUPPRESSION D'ACTIVITE, préciser : et DESTINATION :**
 - **DATE de la modification** : *[Redacted]*
 - **DESTINATION** : abandon ambulancier / suite à d'exploitation
 - **DISPOSITION** : transfert vente apport reprise par le propriétaire mise en location autre (préciser)
 Identité du BÉNÉFICIAIRE : *[Redacted]*

9) **LE SOUSSEIGNÉ**
 Nom : *[Redacted]*
 Prénom : *[Redacted]*
 Adresse : *[Redacted]*
 Signature : *[Redacted]*
 Date de la modification : *[Redacted]*