



To the Honorable Commissioner of

102659192

checked original documents or copy thereof.

1. Name of conveying party(ies):

GEC Alstom T&D SA

1-28-04

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

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

3. Nature of conveyance:

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

Dated: June 22, 1998

2. Name and address of receiving party(ies):

Alstom T&D SA  
38 Avenue Kleber  
75116 Paris, France

- Individual(s) citizenship
- Association
- General Partnership
- Limited Partnership
- Corporation -
- Other - France Societe Anonyme

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)

B. Trademark registration No.(s)  
978,485      2,481,095

Additional numbers attached?  Yes  No

RECEIVED  
2004 JAN 28 AM 8:14  
OPR/FINANCE

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

Perla M. Kuhn, Esq.  
Hughes Hubbard & Reed LLP  
One Battery Park Plaza  
New York, New York 10004-1482  
(212) 837-6550  
kuhn@hugheshubbard.com

6. Total number of applications and registrations involved: 2

7. Total fee (37 CFR 3.41):.....\$65.00

- Enclosed
- Authorized to be charged to deposit account

8. Deposit Account No.: 08-3264

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.

Name of Person Signing

*Perla M. Kuhn*  
Perla M. Kuhn

January 28, 2004

Date

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

Mail documents to be recorded with required cover sheet information to:

Mail Stop Assignment Recordation Services  
Director of the United States Patent and Trademark Office  
P.O. BOX 1450, Alexandria, VA 22313-1450

CERTIFICATE OF MAILING

Express Mail Certificate No.: EU939407571US

I hereby certify that this correspondence is being deposited with the United States Postal Service in an Express Mail envelope addressed to Mail Stop Assignment Recordation Services, Director of the United States Patent and Trademark Office, P.O. Box 1450, Alexandria, VA 22313-1450 on 1/28/04 (Date of Deposit).

Elaine S. Parker

Name  
01/30/2004 LMUELLER 00000081 978485

Signature

01/28/2004  
Date of Signature

01 FC:8521  
02 FC:8522

40.00 CP  
25.00 CP

815709\_1.DOC

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):

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

#### MAIN REGISTRATION NUMBER(S)

389 191 800

RCS: PARIS (92B13923)

RM:

Trade and companies register:

SIREN:

Register of professions:

#### BODIES CORPORATE

Box reserved for use by the CCF

G7550 929738 1

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.

39242

(1)

IDENTIFICATION/where applicable NEW IDENTIFICATION on 22 JUNE 1998

Name: ALSTOM T&D 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 KLEBER, 75116 PARIS

SIRET N°:

(1bis)

OLD IDENTIFICATION if changed

Name: GEC ALSTHOM T & D SA

Initials:

(2)

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

Main activities of the undertaking: *In the field of energy transport and distribution and in particular conventional switchgear and controlgear and metal-clad substations for networks.*

Date Modified:

Number of employees of the business on the day of the formality: 0

(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 []

---

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:

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(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

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(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

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(8)

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(8bis)

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IF THIS FORMALITY CONCERNS AN ESTABLISHMENT, THEN ITEMS ON A BLACK BACKGROUND MUST BE FILLED-IN

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(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

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(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      | <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:

(15)

*Stamp of the INPI*

(16)

(17)

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

(18)

PERMANENT ADDRESS (for correspondence):

*38 AVENUE KLEBER, 75116 PARIS*

Tel No:

(19)

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

*LES PETITES AFFICHES (JC), 2 RUE MONTESQUIEU, 75001 PARIS 10/N908.030*

Representative:

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:              *Paris*  
on:                    *3 July 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, 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.

This side for use by the Court Registrar only.

Registrar of the court at:  
Registrar code: (*illegible*)  
Reference number: 92B13923  
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

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————— 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).

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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: 6 JULY 1998 - Stamp of the PARIS TRADE COURT  
Certified by the Registrar:

Box reserved for the National Companies and Trade Register

*For certified true copy of the  
National Companies and Trade Register*

*NANTERRE*

*4 APRIL 2000*

*For the Director General  
of the National Institute of  
Industrial Property  
Bureau Head*

*Stamp of the INPI*



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

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Registrant : Alstom T&D SA  
Registration No. : 978,485  
Dated : February 12, 1974  
Trademark : ORTHOFLUOR

**POWER OF ATTORNEY**

**SIR:**

In the matter of the above-identified Registration, Registrant hereby appoints PERLA M. KUHN, RONALD ABRAMSON, JULIUS RABINOWITZ, PETER A. SULLIVAN, NATASHA N. REED, KRISTIN B. WHITING and ROBIN E. JACOBSON of the law offices of HUGHES HUBBARD & REED LLP, One Battery Park Plaza, New York, NY 10004-1482, its attorneys with full power of substitution and revocation and to and to transact all business in the Patent Office in connection therewith.

**APPOINTMENT OF DOMESTIC REPRESENTATIVE**

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 may be served.

ALSTOM T&D SA

By: 

Name: Christian COUTERET

Title: President

Dated: 17/11/2003

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Registrant : Alstom T&D SA  
Registration No. : 2,481,095  
Dated : August 28, 2001  
Trademark : CB WATCH (Stylized)

POWER OF ATTORNEY

SIR:

In the matter of the above-identified Registration, Registrant hereby appoints PERLA M. KUHN, RONALD ABRAMSON, JULIUS RABINOWITZ, PETER A. SULLIVAN, NATASHA N. REED, KRISTIN B. WHITING and ROBIN E. JACOBSON of the law offices of HUGHES HUBBARD & REED LLP, One Battery Park Plaza, New York, NY 10004-1482, its attorneys with full power of substitution and revocation and to and to transact all business in the Patent Office in connection therewith.

APPOINTMENT OF DOMESTIC REPRESENTATIVE

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 may be served.

ALSTOM T&D SA

By: 

Name: Christian COUTERET

Title: President

Dated: 17/11/2003

**CHAMBRE DE MÉTIERS**

DE :

Côté réservé à la Chambre de Métiers

Numéro de gestion :

NUMÉRO D'IMMATRICULATION RM : . . . . .

SMEN

RM

NOM OU DÉNOMINATION :

**RÉPERTOIRE DES MÉTIERS**

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

DÉCLARATION DE MODIFICATION

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

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

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

**en cas de DÉCISION 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 :

**en cas de PASSAGE en COMMISSION du RÉPERTOIRE 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 . . . . .  
 espèces  chèque bancaire  chèque postal  
 Référence du Registre à souches : . . . . .

PIÈCES JUSTIFICATIVES :

Production des renseignements demandés :

Date limite de la décision du Président : . . . . .

**DÉCISION DU PRÉSIDENT :**

P.V. n° . . . . . en date du : . . . . .

Accord  Rejet

Affichage du . . . . .  
 au . . . . .

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 RÉSERVÉ

A L'INSTITUT

NATIONAL

DE LA PROPRIÉTÉ

INDUSTRIELLE



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 :  
 Carthé, le Greffier.

NUMERO D'IMMATRICULATION RCS :  
 NOM OU DÉNOMINATION :

Numero de référence : 9 20540302

SIGLE :

ET DES SOCIÉTÉS  
 DU COMMERCE  
 NATIONAL  
 AU REGISTRE  
 CADRE RÉSERVÉ  
 LE GREFFIER DÉSIGNÉ  
 POUR LE DÉPARTEMENT

PIÈCES JUSTIFICATIVES :  
 ACTIVITÉS RÉGLEMENTÉES (tableau n° 20) :  
 DATE DE DÉPÔT des STATUTS :  
 OBSERVATIONS du GREFFIER :

**NOTA :**  
 Les Greffiers et l'Institut National de la Propriété Industrielle sont avertis 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 80 (décret n° 84-408 du 30 mai 1984, art. 67)

Date d'arrivée au Greffe :  
 IMMATRICULATION  PRINCIPALE  SECONDAIRE  
 INSCRIPTION  COMPLÉMENTAIRE  MODIFICATIVE  
 CORRECTION  RADIATION

**REGISTRE DU COMMERCE ET DES SOCIÉTÉS**

DE :  
 GREFFE DU TRIBUNAL  
 CODE GREFFE :  
 [Signature]

Côté réservé au Greffier



N° 94-0195  
déclaration présentée au CFE le :

révisé au CFE complétement

La Liasse doit être déposée dans son intégralité au CFE, elle est indisponible sauf cas particulier prévu sur la notice n° 01-257 du 10/03/91 (à voir avec le CFE)

### DECLARATION DE MODIFICATION

de L'ENTREPRISE : IDENTIFICATION  CARACTERISTIQUES  DIRIGEANTS  TRANSFERT DE SIEGE  DISSOLUTION

de L'ETABLISSEMENT : OUVRETURE  IDENTIFICATION  DIRIGEANTS  ACTIVITES  FERMETURE

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

389 191 800 RCS . PARIS (92B13923) .

Identifiant de l'Entreprise : 389 191 800  
N° de la déclaration : 92B13923

C7550 929738 1

M G U I D A B E F F J K T  
Doc. à déposer jointement

QUELLE QUE SOIT LA FORMULE, LES RUBRIQUES SUR FOND ROUGE DOIVENT OBLIGATOIREMENT ETRE REMPLIES  
ET SI LA MODIFICATION CONCERNE UN Etablissement, LES RUBRIQUES SUR FOND NOIR DOIVENT AUSSI ETRE REMPLIES

IDENTIFICATION / et le cas échéant NOUVELLE IDENTIFICATION au : 22/05/1998

IDENTIFICATION ANCIENNE en cas de modification :  
DÉNOMINATION GEC ALSTHOM T & D SA



SIEGE : ALSTHOM T & D SA  
ADRESSE : 38 AVE KLEBER 75116 PARIS

FORME JURIDIQUE : SA

PRINCIPALES ACTIVITES DE L'ENTREPRISE : DANS LE DOMAINE DU TRANSPORT ET DE LA DISTRIBUTION D'ENERGIE ET NOTAMMENT APPAREILLAGE CONVENTIONNEL ET POSTES BLINDES POUR RESEAU

EFFETIVE SALAIRE de l'entreprise :

DIRIGEANTS et en cas échéant, ADMINISTRATEURS, COMMISSAIRES AUX COMPTES et ASSOCIES tenus individuellement et solidairement des dettes sociales, MEMBRES DU GIE LIQUIDATEURS, ou DOMICILE :  
ou ADRESSE DU SIEGE :

NON Pénalités ou DENOMINATION :  
ou DOMICILE ou ADRESSE DU SIEGE :

En cas de TRANSFERT du SIEGE dans le ressort d'un autre Tribunal, indiquer les GREFFES où sont éventuellement souscrites les immatriculations secondaires :  
En cas de MODIFICATION du CAPITAL à la suite d'une FUSION ou d'une SCISSION, Personnes Morales ayant participé à l'opération (Dénomination, Forme Juridique, Adresse du siège, n° RCS) :

DE COMPTES  
N° de dépôt : 08 JUL 1998

réponses faites à ce formulaire pour les personnes  
des organismes destinataires de ce formulaire,  
à des sanctions pénales.

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

**ÉTABLISSEMENT CONCERNE** : et le cas échéant **NOUVELLE IDENTIFICATION** au :  
si différent de celui de l'adresse principale, l'établissement et sa couleur sur le siège  
**ADRESSE** : si cas de transfert, nouvelle adresse

N° SIRET :

Cet établissement est (pour l'entreprise) :  
nouveau  modifié  supprimé   
CATEGORIE(S) : siège  établissement principal  établissement secondaire   
ENSEIGNE :  
ANCIEN ETABLISSMENT

**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 :

création  transfert  achat  apport  reprise  prise en   
d'activité location 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 :  
Identité du PROPRIÉTAIRE : nom, prénom, adresse au dernier domicile, adresse de siège

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

**ACTIVITÉS SECONDAIRES** :

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

**ADRESSE PERMANENTE** : 38 AVE KLEBER 75116 PARIS  
Métropole, extérieur, étranger, SUD, TUNIS

**LE SOUS-SIÈGE** : LES PETITES AFFICHES (JC) 2, RUE MONTESQUIEU 75001 PARIS 10/N908.030  
demande que ce document constitue

demande d'INSCRIPTION au RCS EX, 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

**ANCIEN ÉTABLISSMENT** en cas de transfert ANCIEN UBELLÉ DE L'ADRESSE si changement par décision du conseil municipal  
ADRESSE :  
En cas de TRANSFERT du SIÈGE ou de l'ÉTABLISSMENT 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 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  
Identité du BÉNÉFICIAIRE : nom, prénom, adresse au dernier domicile, adresse de siège



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

161 :

DATE de la modification :

Fait à :

le :

signature :

Paris 03/07/98

Adressé :  
Mairie  
N° de  
département  
date  
compte