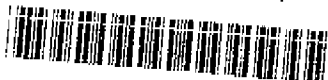


Form PTO 1594
(Rev. 6-93)
OMB No. 0651-0011 (e.p. 4/94)

R

02-02-2004



TEET

U.S. DEPARTMENT OF COMMERCE
PATENT AND TRADEMARK OFFICE

To the Honorable Commission...

102659191

attached original documents or copy thereof.

1. Name of conveying party(ies):

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

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

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

3. Nature of conveyance:

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

Dated: November 22, 1999

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

Alstom T&D SA
25 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

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

January 28, 2004

Date

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

01/30/2004 MAILING: 0000002 978485 Mail documents to be recorded with required cover sheet information to:

01 FC:8521
02 FC:8522

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 01/28/2004 (Date of Deposit).

Elaine S. Parker
Name

Signature

January 28, 2004
Date of Signature

TRADEMARK

REEL: 002929 FRAME: 0687

Address this set of forms in its entirety to the Center for Company formalities (CCF); the forms are indissociable except in particular cases provided for by decree n° 81-257 of 18 March 1981 (refer to the Center for Company Formalities).

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):
CONVERTING CAPITAL INTO EUROS

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 (1992B13923) RM: 92B13923
Trade and companies register: SIREN: Register of professions:

BODIES CORPORATE

Box reserved for use by the CCF

G7550 009505 7

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.

9563

(1)

IDENTIFICATION/Where applicable NEW IDENTIFICATION on

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):
25 AVENUE KLEBER, 75116 PARIS
SIRET N°:

(1bis)

OLD IDENTIFICATION if changed

Name:

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: 4701

(3)

COMMERCIAL NAME:

CAPITAL: 72,411,200 EUROS

francs or foreign currency:

if the company has variable capital,

minimum capital:

francs or foreign currency:

Date Modified: 13 DECEMBER 1999

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:

(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: 22 **NOVEMBER 1999**
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:

25 AVENUE KLEBER
75116 PARIS

SIRET No.

(9bis)
OLD ESTABLISHMENT in the event of a transfer:
OLD ADDRESS if changed by decision of the local Council:
ADDRESS:

38 AVENUE KLEBER
75116 PARIS

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 (IBS): 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:

22 NOVEMBER 1999 and ORIGIN:

<input checked="" 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 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:

22 NOVEMBER 1999 and DESTINATION:

<input checked="" 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)

(16)

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

(18)
 PERMANENT ADDRESS (for correspondence):

25 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 (RM), 2 RUE MONTESQUIEU, 75001 PARIS 10/P901.579

Representative:
 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:
 on: 7 February 2000
 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, SNC 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: *PARIS*
Registrar code: *2561*
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

————— 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: 231
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: *15 FEBRUARY 2000 - 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
LILLE
19 JULY 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
NAME

SIREN No.

REGISTER OF PROFESSIONS

- 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

Côté réservé au Greffier

GREFFE DU TRIBUNAL
 DE : Paris
 CODE GREFFE : 2561

92313923

REGISTRE DU COMMERCE ET DES SOCIÉTÉS

IMMATRICULATION	INSCRIPTION	CORRECTION
<input type="checkbox"/> PRINCIPALE <input type="checkbox"/> SECONDAIRE	<input checked="" type="checkbox"/> COMPLÉMENTAIRE <input checked="" type="checkbox"/> MODIFICATIVE	<input type="checkbox"/> 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 28 (décret n° 84-406 du 30 mai 1984, art. 57)

PIÈCES JUSTIFICATIVES :
 ACTIVITÉS RÉGLEMENTÉES (pièce n° 24) : _____
 DATE de DÉPÔT des STATUTS : _____
 OBSERVATIONS du GREFFIER : _____

Le conformite 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 : 15 FEV. 2000
 Certifié, le Greffier

Pal de COMMERCE de PARIS
 15 FEV. 2000

CAOIRE RÉSERVÉ	INDUSTRIELLE	DE LA PROMÈTE
A L'INSTITUT NATIONAL	NATIONAL	DE LA PROMÈTE

Le Président de la Chambre de Métiers :
 DATE DE L'INSCRIPTION
 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.

STAGE D'INSCRIPTION A LA GESTION
 Arrêté n° 2 de la loi du 23/12/82 (article 2 de la loi du 23/12/82)
 Demande de renseignements complémentaires : _____
 Date de dépôt de la demande : _____
 en cas de DÉCISION du PRÉSIDENT de la CHAMBRE de MÉTIERS (article 11 du décret du 10.09.83)
 Date de la notification : _____
 à la Commission de Répartition : _____
 Date de la transmission : _____
 Paiement de la redevance : en F. _____
 en espèces chèque bancaire chèque postal
 Référence du Registre à souche : _____
 Affichage du : _____
 au : _____
 en cas de DÉCISION de la COMMISSION de RÉPARTITION des MÉTIERS (articles 12 et 13 du décret n° 10.09.83)

DEMANDE D'IMMATRICULATION **INSCRIPTION DE MENTION DE CONJOINT**
DEMANDE DE RADIATION **RADIATION DE MENTION DE CONJOINT**
DEMANDE DE MODIFICATION **COLLABORATEUR Personnes Physiques uniquement**

RÉPERTOIRE DES MÉTIERS

CHAMBRE DE MÉTIERS

DE :

Numéro d'immatriculation RM : _____
 NOM ou DÉNOMINATION : _____
 Numéro de gestion : _____

