

03-24-2004



102703218
TRADEMARKS ONLY

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

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

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

<p>1. Name of conveying party(ies): EUGENE-PERMA S.A. <u>3.22.04</u></p> <p><input type="checkbox"/> Individual(s) <input type="checkbox"/> Association <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership <input checked="" type="checkbox"/> Corporation-State <input type="checkbox"/> Other:</p> <p>Additional name(s) of conveying party(ies) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>2. Name and address of receiving party(ies): Name: <u>EUGENE PERMA FRANCE</u></p> <p>Address: <u>6 RUE D'ATHENES</u> <u>75009 PARIS, FRANCE</u></p> <p>City: _____ State: _____ Zip: _____</p> <p><input type="checkbox"/> Individual(s) citizenship: _____ <input type="checkbox"/> Association: _____ <input type="checkbox"/> General Partnership: _____ <input type="checkbox"/> Limited Partnership: _____ <input checked="" type="checkbox"/> Corporation-State: _____ <input type="checkbox"/> Other: _____</p> <p>If assignee is not domiciled in the United States, a domestic representative designation is attached: (Designations must be a separate document from assignment) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Additional name(s) & address(es) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>3. Nature of Conveyance:</p> <p><input type="checkbox"/> Assignment <input type="checkbox"/> Merger <input type="checkbox"/> Security Agreement <input checked="" type="checkbox"/> Change of Name <input type="checkbox"/> Other:</p> <p>Execution Date: <u>December 3, 2001</u></p>	

<p>4. Application Number(s) or Registration Number(s):</p> <p>A. Trademark Application No.(s): <u>76/040,890</u></p> <p>Additional numbers attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>B. Trademark Registration No.(s): 869,107 2,174,193 1,327,823 2,318,034 2,155,989</p> <p>Additional numbers attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
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<p>5. Name and address of party to whom correspondence concerning document should be mailed:</p> <p>Name: <u>Richard M. LaBarge</u> <u>MARSHALL, GERSTEIN & BORUN LLP</u></p> <p>Internal Address: <u>Atty. Dkt.: 30665/61638</u></p> <p>Street Address: <u>233 S. Wacker Drive, Suite 6300</u> <u>Sears Tower</u></p> <p>City: <u>Chicago</u> State: <u>IL</u> Zip: <u>60606-6357</u></p>	<p>6. Total Number of applications and registrations involved: <u>6</u></p> <p>7. Total fee (37 CFR 3.41) \$ <u>165.00</u></p> <p><input checked="" type="checkbox"/> Enclosed <input type="checkbox"/> Authorized to be charged to Deposit Account <input type="checkbox"/> Authorized to be charged to credit card (Form 2038 enclosed)</p> <p>8. Deposit account number: <u>13-2855</u> (Attach duplicate copy of this page if paying by deposit account)</p>
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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.

Richard M. LaBarge Richard M. LaBarge March 17, 2004
Name of Person Signing Signature Date

Total number of pages including cover sheet, attachments, and document: 8

03/23/2004 DBYRNE 00000031 76040890

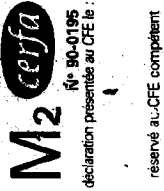
01 FC:8521 40.00 DP
02 FC:8522 125.00 DP

CERTIFICATE

I, Mauricette VALAT – 14, Cour des Petites Ecuries, 75010 PARIS (FRANCE), certify that I am conversant with the English and French languages and that the annexed document in the English language is a translation prepared by me of the Trade and Companies Register extract and is true to the best of my knowledge and belief.

Paris, on January 26, 2004

M.VALAT



La liasse doit être adressée dans son intégralité au CFE, elle est indissociable sauf cas particulier prévu par le décret n° 96-650 du 19/07/96 (à voir avec le CFE).

DECLARATION DE MODIFICATION

- de L'ENTREPRISE : IDENTIFICATION (ou complétement D'IDENTIFICATION)
- de L'ETABLISSEMENT : OUVERTURE (Y COMPRIS TRANSFERT)
- Autres modifications (à préciser, s'il y a lieu) :

IDENTIFICATION / et le cas échéant NOUVELLE IDENTIFICATION au : 03/12/01

DENOMINATION : EUGENE PERMA FRANCE
SIEGE (ou en cas de transfert, nouvea. siège) : ADRESSE, y compris s'il y a lieu, l'IDENTITE DU DOMICILIAIRE (Nom, Prénoms ou Dénomination) :

6 RUE D'ATHENES-75008-PARIS
N° SIRET : 322 584 723

IDENTIFICATION ANCIENNE en cas de modification :
DENOMINATION : EUGENE-PERMA S.A.

SIGLE :

1° feuille CFE.com
2° feuille RCS/RM REBA/R
3° feuille RNC/S/IA

FORME JURIDIQUE : SA
PRINCIPALES ACTIVITES DE L'ENTREPRISE : FABRICATION, LE CONDITIONNEMENT, L'ACHAT, L'IMPORTATION, L'EXPORTATION, LA VENTE, LA COMMISSION DE TOUS PRODUITS ET ARTICLES DE PARFUMERIE ET D'HYGIENE.

NOM COMMERCIAL :
CAPITAL montant :
DURÉE de la Personne Morale :
ou si société à capital variable, montant minimum :
ans : en cas de société scumise à publicité annuelle de ses comptes, DATE DE CLOTURE de l'exercice social :

DIRIGEANTS et le cas échéant, ADMINISTRATEURS, COMMISSAIRES AUX COMPTES et ASSOCIES tenus indéfiniment et solidairement des dettes sociales, MEMBRES du GIE, LIQUIDATEURS.
ou NOM, Prénoms,
ou ADRESSE DU SIEGE :

ou NOM, Prénoms,
ou ADRESSE DU SIEGE :

ou NOM, Prénoms,
ou ADRESSE DU SIEGE :

ou NOM, Prénoms,
ou ADRESSE DU SIEGE :

ou NOM, Prénoms,
ou ADRESSE DU SIEGE :

ou NOM, Prénoms,
ou ADRESSE DU SIEGE :

Liste à suivre sur intercalaires (s'il y a lieu) : OUI NON
En cas de DISSOLUTION : la Société poursuit son exploitation pour les besoins de la liquidation : OUI NON

En cas de TRANSFERT du SIEGE dans le ressort d'un autre Tribunal, indiquer les GREFFES ou sont éventuellement souscrites les immatriculations secondaires :

Liste à suivre sur intercalaires (s'il y a lieu) : OUI NON
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) :

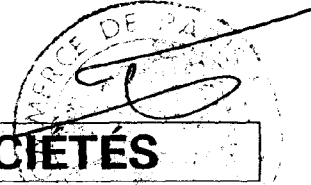
Liste à suivre sur intercalaires (s'il y a lieu) : OUI NON

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

GREFFE DU TRIBUNAL

DE :

CODE GREFFE :



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 :

NOTA :

Les Greffiers et l'Institut National de la Propriété Industrielle sont adreints... Les Greffiers et l'Institut National de la Propriété Industrielle sont adreints 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 du Tribunal de Paris
10 JAN 2002
No de dépôt: [signature]

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 D'IMMATRICULATION RCS :
NOM OU DÉNOMINATION :

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 sous notre responsabilité
Le Président de la Chambre de Métiers :

Form with multiple sections: STAGE D'INITIATION A LA GESTION, DÉCISION DU PRÉSIDENT, and DÉCLARATION DE MODIFICATION. Includes checkboxes for 'Accord', 'Refet', and 'Demande de renseignements complémentaires'.

RÉPERTOIRE DES MÉTIERS

Form for 'CHAMBRE DE MÉTIERS' with fields for 'DE :', 'NUMÉRO D'IMMATRICULATION RM', 'NOM OU DÉNOMINATION', and 'Numéro de gestion'.

IF THE FORMALITY CONCERNS AN ESTABLISSEMENT, HEADINGS ON A BLACK BACKGROUND MUST COMPULSORY BE FILED

<p>CONCERNED ESTABLISHMENT / and if needed NEW IDENTIFICATION on : ADDRESS :- if different from those of the headoffice (PRINCIPAL ESTABLISHMENT if it is integrated in the Head office) - in case of transfer, new address</p> <p align="center">SIRET No. :</p> <p>This establishment is (for the company) : new () modified () cancelled () Categories : head office () main establishment () secondary establishment () Sign :</p>	<p>PRIOR ESTABLISHMENT in case of transfer PRIOR ADDRESS WORDING if change by decision of the local council ADDRESS :</p> <p>In case of TRANSFER of the HEADOFFICE or of the ESTABLISHMENT, SIRET No. :</p> <p>If employment cease of any salaried, date : Maintain of an activity at the prior headoffice : YES <input type="checkbox"/> NO <input type="checkbox"/></p>
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ANALYSIS OF THE OPERATED MODIFICATION	
<p>In case of OPENING of the establishment, of MODIFICATION of EXPLOITATION MODE, and ORIGIN :</p> <p>modification date</p> <p><input type="checkbox"/> creation <input type="checkbox"/> transfer of activity <input type="checkbox"/> purchase <input type="checkbox"/> merger <input type="checkbox"/> recovery after hire <input type="checkbox"/> take on hire <input type="checkbox"/> other (precise)</p> <p>management management</p>	<p>In case of CLOSING of the establishment, of EXPLOITATION MODE MODIFICATION, and DESTINATION :</p> <p>modification date</p> <p><input type="checkbox"/> removal <input type="checkbox"/> activity transfer <input type="checkbox"/> sale <input type="checkbox"/> merger <input type="checkbox"/> recovery after hire <input type="checkbox"/> take on hire <input type="checkbox"/> other (precise)</p> <p>by the owner management</p>

PRIOR EXPLOITANT's identity :
 (name, forenames or denomination)
 RCS or SIREN No. :

If needed, removal or modification date on prior exploitant's RCS
 (to be filled eventually by the clerk)

In case of ACQUISITION of the BUSINESS (by PURCHASE or MERGER), indicate the title and the date of the legal publications having published the assignment :

In case of TAKING ON HIRE MANAGEMENT, indicate the contract duration : from to and if it is renewable by tacit agreement : YES NO

BUSINESS HIRER OUT's identity :
 Name, forenames, residence or denomination, headoffice address

OPERATED ACTIVITIES in this establishment at the formality date : permanent seasonal walking follow to of exploitation
 To fill in only if this establishment is new or if its activities have been modified
 beginning modification ending

PRINCIPAL ACTIVITY : (activities continuation) ETC...

SECONDARY ACTIVITIES :

Eventual observations of the declarant or other modification(s) : **WARNING : SECONDARY ESTABLISHMENTS IN MARSEILLE ; TOULOUSE ; BORDEAUX ; NANTES ; STRASBOUR ; LYON**

PERMANENT ADDRESS : Headoffice

For correspondence Town building, stair, entry, block, tower zip code road : No. Type wording phone

THE UNDERSIGNED : Euroformalifés, 142 Avenue de Paris, 94306 Vincennes - File No. 1 L 191
 Patronymic name, usual name, forenames - in case of attorney, precise also its titles and address
 Asks that this document constitutes

INSCRIPTION request to RCS RM RSAC REBA CANCELLATION WITH RCS RM RSAC REBA
 And statement to fiscal services, to social guarantee organisms, to INSEE, and if he is or ceases to be an employer, to Work inspection and to ASSEDIC

signature : Done in : on : December 26, 2001

New (or MAINTAINED) in case of headoffice transfer in another clerk's office or another Chamber of Trade/precise :

IM2 n° 90-0195 CERFA

Statement submitted to CFE on _____

Reserved to the competent CFE

MODIFICATION STATEMENT

- of the COMPANY : IDENTIFICATION CHARACTERISTICS OFFICERS TRANSFER OF HEADOFFICE WINDING UP
 - of the ESTABLISHMENT : OPENING IDENTIFICATION OFFICERS ACTIVITIES CLOSING
 - Other modifications (to precise if needed) :

ENTITY
 G7550 003359 5
 Attached legal documents
 Attached insert

PRINCIPAL REGISTRATION NUMBER(S)

RCS 322 584 723 RCS PARIS 322 584 723 RM

Trade and Companies Register. SIREN

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

IDENTIFICATION / and if needed new identification on : December 3, 2001

PRIOR IDENTIFICATION in case of modification :
 DENOMINATION : EUGENE-PERMA SA

ACRONYM : _____

HEADOFFICE (or in case of transfer, new headoffice) : ADDRESS, including if needed the PAYING AGENT IDENTITY (name, forenames or denomination) : _____

ACRONYM : _____

6 RUE D'ATHENES -- 75009 PARIS

SIRET No. : 322 584 723

LEGAL FORM : Joint stock company
 (and particular status if needed)

MAIN ACTIVITIES OF THE COMPANY : Manufacture, packaging, purchase, import, export, sale, commission of all perfumery and hygiene products and articles
 WORKFORCE of the company : 347

TRADE NAME : _____

CAPITAL amount : FF or currency or, if variable capital, minimum amount FF or currency
 Legal Entity's duration : years ; or in case of company submitted to a yearly advertising of its accounts, CLOSING DATE of the legal exercise : day, month

- OFFICERS and if needed, DIRECTORS, AUDITORS and PARTNERS indefinitely and jointly obliged to legal duties, MEMBERS of the GIE, LIQUIDATORS.
 - For the under described establishment, if needed, person(s) empowered to sign on behalf of the company (AUTHORIZED REPRESENTATIVE(S)), OWNERS.

NAME Forenames	DEMINOMINATION	RESIDENCE	HEADOFFICE ADDRESS	Prior title (if needed) :	present or new title	date of birth	dept	District or country of birth	Citizenship	NEW	LEAVING	MAINTAINED BUT MODIFIED
Or										<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Or										<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Or										<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Or										<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Or										<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Or										<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

List to follow on inserts YES NO

In case of DISSOLUTION : the Company pursues its exploitation for the liquidation needs : YES NO precise the frame OFFICERS the LIQUIDATOR(S) references
 Indicate the title and the date of the legal announces paper having published the liquidator(s) nomination :

In case of HEADOFFICE TRANSFER failing with the competence of another Court, indicate the clerk's offices where are eventually subscribed the secondary registrations :

List to follow on insert(s) YES NO

In case of MODIFICATION of the CAPITAL pursuant to a MERGER or a division legal Entities having taking part in the operation (Denomination, Legal Form, Head Office address, RCS No.)

List to follow on insert(s) YES NO

OF:

CLERK'S OFFICE CODE :

TRADE AND COMPANIES REGISTER

REGISTRATION MAIN ADDITIONAL CORRECTION
 SECONDARY MODIFYING REMOVAL

Date of arrival at the Clerk's Office : Number of arrival at the Clerk's Office :

NOTE : The Clerks and the National Institute of Industrial Property are obliged and sole authorised to issue to any person who requests it, certificates, copies or extracts from registrations made to the register and documents filed in appendix, except with regard to registrations which have been removed, notified in the condition fixed by the order (of September 24, 1984), provided for in article 88 (order n° 84-406 of May 30, 1994, art. 67).

JUSTIFYING DOCUMENTS :
REGULATED ACTIVITIES (item n° 24) : Clerk's Office of the Paris District Court
DATE OF FILING OF THE STATUS : JANUARY 10, 2002
CLERK'S OBSERVATIONS : Filing No. 2730

The conformity of the attached declarations with the justifying documents produced in application of regulations has been checked by the Clerk of the Court who has accordingly made the above registration. DATE OF THE RECORDAL : Certified by the Clerk of the Court (seal)	Side reserved for the National Trade and Companies Register
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SIDE RESERVED FOR THE N.I.P.P.	The compliance of the attached statements with the justifying documents presented in accordance with the rules has been checked under our responsibility.
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In case of examination by the Crafts Chamber (articles 12 and 3 Decree of 06.10.83) Date of transmission to the Commission : Date of notification : Payment of the official fee : FF <input type="checkbox"/> cash <input type="checkbox"/> bank cheque <input type="checkbox"/> postal cheque Reference of counterfoil Register : Public notice from : to :	In case of DECISION of the President of the Chamber Filing date : Request of additional information : Presentation of the requested information : Deadline of the President's Decision PRESIDENT'S DECISION : Minutes n° Date : <input type="checkbox"/> agreement <input type="checkbox"/> refusal	MANAGEMENT INITIATION COURSE Attestation - issuance date : Exemption - motive of the dispense : JUSTIFYING DOCUMENTS
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<input type="checkbox"/> REMOVAL REQUEST <input type="checkbox"/> RECORDAL OF JOINT CONTRIBUTOR MENTION <input type="checkbox"/> CONTRIBUTOR MENTION	<input type="checkbox"/> MODIFICATION STATEMENT	<input type="checkbox"/> REGISTRATION REQUEST <input type="checkbox"/> RECORDAL OF JOINT CONTRIBUTOR MENTION <input type="checkbox"/> CONTRIBUTOR MENTION
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CRAFTS REGISTER

Side reserved for the Crafts Chamber Docket No. : Registration n° : RM . SIREN Trade or company name :	OF : CRAFTS CHAMBER TRADEMARK
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