

04-14-2004

4/14/04

Form PTO-1594

(Rev. 03/01)

OMB No. 0651-0027 (exp. 5/31/2002)

Tab settings ⇌ ⇌ ⇌ ▼



102720533 ▼

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.

1. Name of conveying party(ies): 4-14-04
Compagnie Generale De Dietetique

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

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

3. Nature of conveyance:

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

Execution Date: December 16, 2002

2. Name and address of receiving party(ies)
Name: Compagnie Generale De Dietetique

Internal Address: _____
Street Address: 97-99, Rue du General Moulin
City: Caen State: _____ Zip: 14000
France

- Individual(s) citizenship _____
- Association _____
- General Partnership _____
- Limited Partnership _____
- Corporation-State _____

Other Societe par actions simplifiee of France

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) 1,831,850

Additional number(s) attached Yes No

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

Name: A. Yates Dowell, III

Internal Address: _____

Street Address: Dowell & Dowell, P.C.
1215 Jefferson Davis Hwy., Ste 309

City: Arlington State: VA Zip: 22202-3124

6. Total number of applications and registrations involved: 1

7. Total fee (37 CFR 3.41).....\$ 40.

- Enclosed check
- Authorized to be charged to deposit account

8. Deposit account number: _____

DO NOT USE THIS SPACE

9. Signature.

04/15/2004 DBYRNE 00000005 1831850

01 FC:8521

A. Yates Dowell, III
Name of Person Signing

A. Yates Dowell
Signature

4-14-4
Date

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

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

TRADEMARK
REEL: 002947 FRAME: 0358

[Illegible] provided for by Decree No. 81-257 dated 18 March 1981 (available at the Centre for Business Formalities)

LEGAL ENTITY

Cerfa M2 Reserved for CFE use 13 NOV. 2001	of THE COMPANY IDENTIFICATION <input checked="" type="checkbox"/> and/or additional IDENTIFICATION	FEATURES <input type="checkbox"/>	DIRECTORS <input checked="" type="checkbox"/>	TRANSFER OF REGISTERED OFFICE <input type="checkbox"/>	DISSOLUTION <input type="checkbox"/>	C14017193362 M GUIDABEFHKT Company documents attached: Inserts attached:
	of THE PLACE OF BUSINESS OPENING <input type="checkbox"/>	IDENTIFICATION <input type="checkbox"/> (including TRANSFER)	DIRECTORS <input type="checkbox"/>	ACTIVITIES <input checked="" type="checkbox"/>	CLOSURE <input type="checkbox"/>	

-Other amendments (give details, if applicable) : **Change of auditors - company name - capital - method of management**

Change of legal form onto S.A.S.
Decree No. 81-257 of 18 March 1981, as amended, creating the Centres for Business Formalities
NUMBER(S) OF MAIN REGISTRATION **733820351**
RCS : **CAN**
Commercial and Companies Register
SIREN **733820351**
• RM •
Trades Register

WHATEVER THE FORMALITY MAY BE, SECTIONS IN RED MUST BE COMPLETED
AND IF THE AMENDMENT RELATES TO A PLACE OF BUSINESS, SECTIONS IN BLACK MUST ALSO BE COMPLETED

IDENTIFICATION/and, where appropriate, **NEW IDENTIFICATION** as at: _____
NAME: COMPAGNIE GENERALE DE DIETTIQUE
 ABBREVIATION: _____
 FORMER IDENTIFICATION in case of amendment: _____
 ABBREVIATION: _____

REGISTERED OFFICE (or in case of transfer, new registered office) ADDRESS including, if applicable, **THE IDENTITY OF THE PAYING AGENT** (Full name or company name):
99 rue du Général Moulin 1400 CAN

SIRET No. **733820351 00019**
 LEGAL FORM: **A French Simplified Stock Company**
 and special status (if applicable)
 MAIN ACTIVITIES OF THE COMPANY: Processing of plastic materials.

TRADING NAME:
 TOTAL CAPITAL: • • FF or currency • or if company with variable capital, minimum amount • FF or currency •
 Term of the Legal Person: _____ years: in the case of a company subject to annual publication of its accounts, DATE OF CLOSURE of the company financial year: • day • month •

DIRECTORS and if applicable, MANAGERS, AUDITORS and PARTNERS responsible without limit and jointly for the debts of the company, MEMBERS of the INTERCOMPANY MANAGEMENT SYNDICATE, LIQUIDATORS.
 - In respect of the **place of business** described below, if applicable, person(s) having the power to commit the company by his (their) signature(s) (PROXY OR PROXIES), JOINT OWNERS OF THE BUSINESS
 SURNAME/First names:
 or COMPANY NAME
 ADDRESS:
 or ADDRESS OF REGISTERED OFFICE

former capacity (if applicable) • • current or new capacity • • date of birth • department • place or country of birth • nationality
 former capacity (if applicable) • • current or new capacity • • date of birth • department • place or country of birth • nationality

SURNAME/First names:
 or COMPANY NAME :
 ADDRESS:
 or ADDRESS OF REGISTERED OFFICE

former capacity (if applicable) • • current or new capacity • • date of birth • department • place or country of birth • nationality
 former capacity (if applicable) • • current or new capacity • • date of birth • department • place or country of birth • nationality

SURNAME/First names:
 NEW RETIRING
 MAINTAINED BUT AMENDED
 DATE of the amendment

1st page for RCS/RSAC
 2nd page for RCS/RSAC
 3rd page for RCS/RSAC
 4th page for RCS/RSAC
 5th page for RCS/RSAC
 6th page for RCS/RSAC
 7th page for RCS/RSAC
 8th page for RCS/RSAC
 9th page for RCS/RSAC
 10th page for RCS/RSAC

BUSINESS CARRIED ON at this place of business at the date of the formality:

Only complete if this place of business is new or if its business has been altered permanent seasonal travelling /following of business
start alteration end

MAIN ACTIVITY: Item

SECONDARY ACTIVITIES:

[Stamp of National Institute of Industrial Property - National Register of Commerce and Companies]

Any comments by the declarer or other amendment(s):

MODIFICATION INTO A FRENCH SIMPLIFIED STOCK COMPANY

* DATE of the amendment *

PERMANENT ADDRESS:

[illegible] correspondence building, staircase, entrance, block, lower, road No. 97-99 name rue du General Moulin tel.:
CAEN district post code 14000 distribution office or code type

UNDERSIGNED: LEGRAND

an application for REGISTRATION at the RCS , at the RM , at the RSAC , at the REBA , for DELETION from the RCS ,
from the RM , from the RSAC , from the REBA ,

requests that this document shall constitute

Declaration to the Tax Authorities, to the Social Security bodies, to INSEE, and if he is or is ceasing to be an EMPLOYER, to the Health and Safety Executive and to ASSEDI.

Please ensure

that you sign

each copy

separately

NEW (or MAINTAINED) in the event of transfer of the registered office to another court office or another Chamber of Trade, state:
NATURAL PERSON (except liquidators): Date, place of birth, nationality; if the director or partner is a foreigner: reference of the residence document or trader's card; if the partner is married: date and place of the marriage, matrimonial

system, and any contractual clauses,

for every member of the intercompany management syndicate: RCS and/or RM No., and, if he is married, name of the spouse, date and place of the marriage, matrimonial system and any contractual clauses. In the case of a MANAGER and/or majority PARTNER of a joint-stock company, PARTNER of a private company or general partnership, in particular, enclose a TNS company document.

LEGAL PERSON: Legal form, surname and first names of the permanent representative; in respect of every member of the intercompany management syndicate: RCS and/or RM No. [illegible]; in the case of a MANAGER and/or majority PARTNER in a joint-stock company, PARTNER in a private company or general partnership, state his date of birth.

Act No. 78-17 of 6 January 1978 relating to computing, databases and civil liberties applies to the answers given on this form in respect of natural persons. It guarantees them a right of access and correction at the organizations to which this form is sent, with regard to facts concerning them. Persons making incorrect statements may, in some cases, be subject to criminal penalties.

SI LA FORMALITE CONCERNE UN ETABLISSEMENT, LES RUBRIQUES SUR FOND NOIR DOIVENT ETRE OBLIGATOIREMENT REMPLIES

18 ETABLISSEMENT CONCERNE / et le cas échéant **NOUVELLE IDENTIFICATION** au :
ADRESSE : - si différent de celle du siège (PRINCIPAL) ETABLISSEMENT s'il se confond avec le siège
 - en cas de transfert, nouvelle adresse

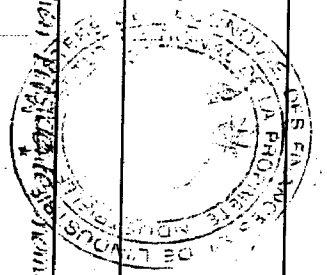
19 Cet établissement est (pour l'entreprise) :
 CATEGORIE(S) : siège établissement principal établissement secondaire
 ENSEIGNE :
 No SIRET : nouveau modifié supprimé

21 En cas d'OUVERTURE de l'établissement, de MODIFICATION DU MODE D'EXPLOITATION, d'ADJONCTION D'ACTIVITE, préciser DATE de la modification et ORIGINE :
 création transfert achat apport reprise par gérance prise en location (ancien) autre (préciser)
 Identité du PRÉCÉDENT EXPLOITANT :
 nom, prénom ou dénomination
 1^{er} RCS ou SIREN :
 S'il y a lieu, date de radiation ou de modification au RCS du précédent exploitant :
 En cas d'ACQUISITION de FONDS (par ACHAT ou APPORT) Indiquer le titre et la date du Journal d'annonces légales ayant publié la cession :
 Identité du LOUEUR du FONDS :
 nom, prénom, domicile ou dénomination, adresse du siège

20 ANCIEN ETABLISSEMENT en cas de transfert
 ANCIEN LIBELLE DE L'ADRESSE si changement par décision du conseil municipal
 ADRESSE :
 En cas de TRANSMISSION du SIÈGE ou de RÉTABLISSEMENT, No SIRET :
 Si cessation d'emploi de tout salarié, date :
 * Maintien d'une activité à l'ancien siège : OUI NON
 En cas de FERMETURE de l'établissement, de MODIFICATION DU MODE D'EXPLOITATION, de SUPPRESSION D'ACTIVITE, préciser DATE de la modification et DESTINATION :
 départ transfert vente apport reprise par le propriétaire mise en location (ancien) autre (préciser)
 Identité du BÉNÉFICIAIRE :
 nom, prénom, domicile ou dénomination, adresse du siège

19 ACTIVITÉS EXERCÉES dans cet établissement au jour de la formalité : permanente saisonnière ambulante / suite à / exploitation
24 ACTIVITÉ PRINCIPALE :
ACTIVITÉS SECONDAIRES :

20 Observations éventuelles du déclarant ou autre(s) modification(s) :
 Observations de l'expert social :
ADRESSE PERMANENTE :
 pour le correspondant :
 nom, prénom, domicile ou dénomination, adresse du siège :
 adresse postale :
 bureau distributeur ou code :
 ville :
 département :
 tel. :
 DATED de la modification :



19 LE SOUS-SIGNÉ :
 non patronymique, non d'usage, prénom, - en cas de mandataire, préciser également ses qualités et adresse
 demande d'INSCRIPTION au RCS , au RM , au RSAC , de RADIATION au RCS , au RM , au RSAC ,
 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
 Fait à :
 le :
 signature :
 tel. :
 Mod. 540 511 Berger L'ouvrier Révisé (b)

