

TRADEMARK ASSIGNMENT

Electronic Version v1.1
 Stylesheet Version v1.1

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	CHANGE OF NAME		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
EUGENE-PERMA S.A.		01/10/2002	CORPORATION: FRANCE
RECEIVING PARTY DATA			
Name:	EUGENE PERMA FRANCE		
Street Address:	6 rue d'Athenes		
City:	75009 Paris		
State/Country:	FRANCE		
Entity Type:	CORPORATION: FRANCE		
PROPERTY NUMBERS Total: 1			
Property Type	Number	Word Mark	
Registration Number:	1759351	CARMEN	
CORRESPONDENCE DATA			
Fax Number:	(312)338-1500		
	<i>Correspondence will be sent via US Mail when the fax attempt is unsuccessful.</i>		
Phone:	312-338-1000		
Email:	tmlaw@dineff.com		
Correspondent Name:	DINEFF TRADEMARK LAW LIMITED		
Address Line 1:	160 N. Wacker Drive		
Address Line 4:	Chicago, ILLINOIS 60606		
DOMESTIC REPRESENTATIVE			
Name:	DINEFF TRADEMARK LAW LIMITED		
Address Line 1:	160 N. Wacker Drive		
Address Line 4:	Chicago, ILLINOIS 60606		
NAME OF SUBMITTER:	Laurel V. Dineff		
Signature:	/laurelvdineff/		

OP \$40.00 1759351

Date:

02/17/2005

Total Attachments: 8

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GREFFE DU TRIBUNAL

DE :

CODE GREFFE :

810 8109

REGISTRE DU COMMERCE ET DES SOCIÉTÉS

IMMATRICULATION PRINCIPALE INSCRIPTION COMPLÉMENTAIRE CORRECTION
 SECONDAIRE MODIFICATIVE RADIATION

Date d'entrée au Greffe :

N° de dépôt : 810 8109

NOTA : Les Greffes et l'Institut National de la Propriété Industrielle sont estriés et seuls responsables de la délivrance des certificats, copies ou extraits des inscriptions portées au registre et des modifications qui y sont apportées. En ce qui concerne les inscriptions radiées, qui sont communiquées dans les conditions fixées par l'article 406 du 30 mai 1994, art. 57.

PIÈCES JUSTIFICATIVES :
ACTIVITÉS RÉGLEMENTÉES (art. 24) :
DATE DE DÉPÔT des STATUTS :
OBSERVATIONS DU GREFFIER :

N° de dépôt : 810 8109

LE GREFFE DU TRIBUNAL DE COMMERCE DE LA SEINE-SAINT-DENIS
LE 10/02/05

La conformité des déclarations énoncées dans les pages justificatives produites en application des règlements à cet égard par le Greffier approuvés ou refusés est attestée par le Greffier approuvé qui a procédé à l'enregistrement.
DATE DE L'INSCRIPTION :
Caract. le Greffier

CADRE RÉSERVÉ
AU REGISTRE
NATIONAL
DU COMMERCE
ET DES SOCIÉTÉS



17/02/05 11:35 01 53 20 14 91 9 00013123381500 N-0.311 002

GREFFE DU TRIBUNAL
DE :
CODE GREFFE :

Entrepreneur en Droit

810 8109

REGISTRE DU COMMERCE ET DES SOCIÉTÉS

IMMATRICULATION PRINCIPALE INSCRIPTION COMPLÉMENTAIRE CORRECTION
 SECONDAIRE MODIFICATIVE RADIATION

Date d'entrée au Greffe :
N° de dépôt :

NOTA :
Les Greffes et l'Institut National de la Propriété Industrielle sont avisés et sauront être tenus au courant de la demande des certificats, copies ou extraits des inscriptions portées au registre et des modifications qui concernent les inscriptions radiées, qui sont communiquées dans les conditions fixées par l'article 4 de l'arrêté du 10 mai 1994 art. 57

PIÈCES JUSTIFICATIVES :
ACTIVITÉS RÉGLEMENTÉES (selon art. 24) :
DATE DE DÉPÔT des STATUTS :
OBSERVATIONS DU GREFFIER :

la conformité des déclarations énoncées avec les pages justificatives produites en application des règlements à cet effet par le Greffier approuvés à la procédure énoncée ci-dessus
DATE DE L'INSCRIPTION :
Caract. le Greffier

CADRE RÉSERVÉ
AU REGISTRE
NATIONAL
DU COMMERCE
ET DES SOCIÉTÉS



RECEVU
LE 10/02/05
A 10H00
LE GREFFIER
LE CORPS DE GREFFIERS

SEULE
N° de référence
NUMERO D'IMMATRICULATION
NOYIS DU DÉPÔT

CHAMBRE DE MÉTIERS		Numéro de gestion : RM N° de RM : RM N° de RM : RM	
DE :		NUMÉRO D'IMMATRICULATION RM : NOM OU DÉSIGNATION :	
RÉPERTOIRE DES MÉTIERS			
<input type="checkbox"/> DEMANDE D'IMMATRICULATION <input type="checkbox"/> INSCRIPTION DE MENTION DE CONJOINT COLLABORATEUR (Parvenir Chèque de règlement)		<input type="checkbox"/> DÉCLARATION DE MODIFICATION <input type="checkbox"/> DEMANDE DE RADIATION <input type="checkbox"/> RADIATION DE MENTION DE CONJOINT COLLABORATEUR (Parvenir Chèque de règlement)	
STAGE D'INITIATION À LA GESTION Article 7 de la loi du 10/10/92 Motif de la demande : Motif de la demande :		en cas de RADIATION DE PRÉSIDENT de la CHAMBRE DE MÉTIERS Article 11 du décret du 13/06/92 Date de dépôt de la demande : Demande de renseignements complémentaires : Production des renseignements demandés : Date (mois et jour) de l'émission de la décision du PRÉSIDENT : en cas de : <input type="checkbox"/> Accord <input type="checkbox"/> Rejet	
PIÈCES JUSTIFICATIVES :		en cas de RADIATION de la COMMISSION du RÉPERTOIRE DES MÉTIERS Articles 12 et 13 du décret du 10/10/92 Date de la réinscription à la Commission de Répertoire : Date de la notification : Règlement de la réinscription : en <input type="checkbox"/> espèces <input type="checkbox"/> chèque bancaire <input type="checkbox"/> chèque postal Référence au Répertoire à compléter : Affilié(e) de :	
La documentation est déposée et présentée avec les pièces justificatives produites en justification des renseignements qui sont soumis aux autres responsables DATE DE L'INSCRIPTION : Le Président de la Chambre de Métiers :		CADRE RÉSERVÉ À L'INSTITUT NATIONAL DE LA PROPRIÉTÉ INDUSTRIELLE	

TRADE MARKER

Registration n° : RMI
 Title of product name : STEPH

CRAPTS REGISTER

<input type="checkbox"/> REGISTRATION REQUEST <input type="checkbox"/> RECORDAL OF JOINT CONTRIBUTOR MENTION	<input checked="" type="checkbox"/> MODIFICATION STATEMENT	<input type="checkbox"/> REMOVAL REQUEST <input type="checkbox"/> REMOVAL OF JOINT CONTRIBUTOR MENTION
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<p>MANAGEMENT INTITLATION COURSE (article 1 of the Law dated 12.23.82)</p> <p>Attestation - issuance date : Exemption - motive of this dispense :</p> <p>JUSTIFYING DOCUMENTS</p>	<p>In case of DECISION of the President of the Chamber</p> <p>Filing date : Request of additional information :</p> <p>Presentation of the requested information : Headline of the President's Decision PRESIDENT'S DECISION : Minutes n° : Date : <input type="checkbox"/> agreement <input type="checkbox"/> refusal</p>	<p>In case of examination by the Crafts Chamber (articles 12 and 3 Decree of 06.10.82)</p> <p>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 :</p>
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The compliance of the attached statements with the justifying documents presented in accordance with the rules has been checked under our responsibility.	SIDE RESERVED FOR THE N.I.L.P.
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DECLARATION DE MODIFICATION
DUREES D'AGREMENT
ACTIVITES
FORME JURIDIQUE

IDENTIFICATION DE LA SOCIETE
RCS : 322 584 723
EUGENE PERINA SA

IDENTIFICATION ANCIENNE
EUGENE PERINA SA

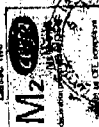
SEGE
8 RUE D'ATHENES - 75008 PARIS

OBJET
VENTE, LA COMMISSION DE TOUTS PRODUITS ET ARTICLES DE PARFUMERIE ET D'HYGIENE

DUREE DE LA PERSONNE MORALE
DUREE DE LA SOCIETE

LES FUSIONS
LE TRANSFERT DE LA SOCIETE

LE TRANSFERT DE LA SOCIETE



Handwritten signature and date

SENIOR MANAGEMENT

of the COMPANY: IDENTIFICATION (CHARACTERISTICS OF OFFICERS OR MANAGERS OF HEAD OFFICE WORKING UP
in the ESTABLISHMENT: OPENING IDENTIFICATION TO OFFICERS MANAGING OFFICES
(Other modifications to provide if needed).

of the COMPANY: IDENTIFICATION (CHARACTERISTICS OF OFFICERS OR MANAGERS OF HEAD OFFICE WORKING UP
in the ESTABLISHMENT: OPENING IDENTIFICATION TO OFFICERS MANAGING OFFICES
(Other modifications to provide if needed).

MODIFICATION STATEMENT

of the COMPANY: IDENTIFICATION (CHARACTERISTICS OF OFFICERS OR MANAGERS OF HEAD OFFICE WORKING UP
in the ESTABLISHMENT: OPENING IDENTIFICATION TO OFFICERS MANAGING OFFICES
(Other modifications to provide if needed).

of the COMPANY: IDENTIFICATION (CHARACTERISTICS OF OFFICERS OR MANAGERS OF HEAD OFFICE WORKING UP
in the ESTABLISHMENT: OPENING IDENTIFICATION TO OFFICERS MANAGING OFFICES
(Other modifications to provide if needed).

PRINCIPAL REGISTRATION NUMBERS

In the case of transfer, new head office: ADDRESS, including if needed the PAYING AGENT IDENTITY (Name, Surname or denomination):
6 RUE PAUHENEG - 75009 PARIS

In the case of transfer, new head office: ADDRESS, including if needed the PAYING AGENT IDENTITY (Name, Surname or denomination):
6 RUE PAUHENEG - 75009 PARIS

LEGAL FORM: Joint stock company
INDUSTRY: MANUFACTURE TRADE AGENCY
INDUSTRY: MANUFACTURE TRADE AGENCY
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GENERAL INFORMATION: NEW REGISTRATION, RENEWAL, TRANSFER, MODIFICATION

INDUSTRY: MANUFACTURE TRADE AGENCY

NAME (last)	First name(s)	Date of birth	Place or country of birth	Office or country of birth	NEW	LEAVE	RETRACTED
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

INDUSTRY: MANUFACTURE TRADE AGENCY

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IF THE FORMALITY CONCERNS AN ESTABLISHMENT, HEADINGS ON A BLACK BACKGROUND MUST COMPULSORY BE FILLED

CONCERN THE ESTABLISHMENT / and if needed NEW IDENTIFICATION ON ADDRESS different from those of the headoffice (PRINCIPAL ESTABLISHMENT) is indicated by this heading

Head office:
in case of transfer, new address

STREET No.:
This establishment is (for the company): new () modified () cancelled ()
Category: head office () main establishment () secondary establishment ()
Sign: _____

ANALYSIS OF THE OPERATED MODIFICATION
in case of OPENING of the establishment, of MODIFICATION of EXPIRATION DATE, of CANCELLATION OF ACTIVITY, precise

<input type="checkbox"/> creation	<input type="checkbox"/> transfer of activity	<input type="checkbox"/> purchase	<input type="checkbox"/> modification date	<input type="checkbox"/> new activity	<input type="checkbox"/> take on life (precise)
			<input type="checkbox"/> necessary after management (specify)	<input type="checkbox"/> removed	<input type="checkbox"/> activity transfer
			<input type="checkbox"/> registration date	<input type="checkbox"/> change	<input type="checkbox"/> take on life (precise)
			<input type="checkbox"/> necessary after management (specify)	<input type="checkbox"/> removed	<input type="checkbox"/> activity transfer

PROXY EMPLOYER'S Identity: Name, surnames, residence or denomination, headoffice address

PROXY EMPLOYER'S Identity: Name, surnames, residence or denomination, headoffice address

IN CASE OF TRANSFERS ON HIRE MANAGEMENT, indicate the contract duration: from _____ to _____ and if it is renewable by tacit agreement: YES NO LI

IN CASE OF PURCHASE OF THE BUSINESS (BY PURCHASE OR MERGER), indicate the date of the legal publications having published the assignment.

BUSINESS HIRE-OUT'S identity Name, surnames, residence or denomination, headoffice address

OPTIONAL: VALUES TO BE DECLARED BY COMPANY:
to the effect that the establishment is new or if its activities have been modified

SECURITARY ACTIVITIES:
Eventual observations of the declared or other modifications (WARNING: SECONDARY ESTABLISHMENTS IN MARSEILLE, TOURNAI, BORDEAUX, NANTES, STRASBOURG, ...)

IN HOME ADDRESS: headoffice building, stair, entry, block, tower

THE PROFESSIONED: Euroformales, 747 Avenue de Paris, 84316 Vincennes - File No. 11 191
Patronymic name, usual name, forenames-- in case of attorney, precise also the files and address

REGISTRATION NUMBER (RCS, RM, RSAC, RBA, R, CANCELLATION WITH RCS, RM, RSAC, RBA, R)
and signature to fiscal services, to social guarantees organisms, to INSEE, and if he is or ceases to be an employee, to Work Inspection and to ASSEDEC

PRIOR ESTABLISHMENT in case of transfer
PRIOR ADDRESS WORKING change by decision of the local council ADDRESS: _____

IN CASE OF TRANSFER of the HEADOFFICE of the ESTABLISHMENT, RIBET No. _____
if employment cease of any subject, date: _____
Maintain of an activity at the prior establishment: YES NO

ANALYSIS OF THE OPERATED MODIFICATION
in case of CLOSING of the establishment, of EXPIRATION DATE, of CANCELLATION OF ACTIVITY, precise

<input type="checkbox"/> removed	<input type="checkbox"/> activity transfer	<input type="checkbox"/> registration date	<input type="checkbox"/> change	<input type="checkbox"/> necessary after management (specify)	<input type="checkbox"/> take on life (precise)
			<input type="checkbox"/> necessary after management (specify)	<input type="checkbox"/> removed	<input type="checkbox"/> activity transfer
			<input type="checkbox"/> registration date	<input type="checkbox"/> change	<input type="checkbox"/> take on life (precise)
			<input type="checkbox"/> necessary after management (specify)	<input type="checkbox"/> removed	<input type="checkbox"/> activity transfer

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BUSINESS HIRE-OUT'S identity Name, surnames, residence or denomination, headoffice address

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to the effect that the establishment is new or if its activities have been modified

SECURITARY ACTIVITIES:
Eventual observations of the declared or other modifications (WARNING: SECONDARY ESTABLISHMENTS IN MARSEILLE, TOURNAI, BORDEAUX, NANTES, STRASBOURG, ...)

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and signature to fiscal services, to social guarantees organisms, to INSEE, and if he is or ceases to be an employee, to Work Inspection and to ASSEDEC