

TRADEMARK ASSIGNMENT

Electronic Version v1.1
 Stylesheet Version v1.1

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|----------------------------------|--|-----------------------|-------------------------|
| SUBMISSION TYPE: | NEW ASSIGNMENT | | |
| NATURE OF CONVEYANCE: | Declaration of Modification of Corporate Status | | |
| CONVEYING PARTY DATA | | | |
| Name | Formerly | Execution Date | Entity Type |
| Zodiac International | | 09/01/2001 | Societe Anonyme: FRANCE |
| RECEIVING PARTY DATA | | | |
| Name: | Zodiac International | | |
| Street Address: | 2 rue Maurice Mallet | | |
| City: | Issy Les Moulineaux | | |
| State/Country: | FRANCE | | |
| Postal Code: | 92130 | | |
| Entity Type: | Societe Par Actions Simplifiee Unipersonnelle: FRANCE | | |
| PROPERTY NUMBERS Total: 2 | | | |
| Property Type | Number | Word Mark | |
| Registration Number: | 2711668 | YACHTLINE | |
| Registration Number: | 2365924 | FAST ROLLER | |
| CORRESPONDENCE DATA | | | |
| Fax Number: | (404)815-6555 | | |
| | <i>Correspondence will be sent via US Mail when the fax attempt is unsuccessful.</i> | | |
| Phone: | 404-815-6500 | | |
| Email: | tadmin@kilpatrickstockton.com | | |
| Correspondent Name: | William H. Brewster | | |
| Address Line 1: | 1100 Peachtree Street, Suite 2800 | | |
| Address Line 4: | Atlanta, GEORGIA 30309 | | |
| ATTORNEY DOCKET NUMBER: | 33428/313352 | | |
| DOMESTIC REPRESENTATIVE | | | |
| Name: | William H. Brewster | | |
| Address Line 1: | 1100 Peachtree Street, Suite 2800 | | |

OP \$65.00 2711668

Address Line 4: Atlanta, GEORGIA 30309

NAME OF SUBMITTER:

Christine P. James

Signature:

/cpj/

Date:

02/05/2007

Total Attachments: 4

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M2 cerfa
 N° 90-0195
 Declaration filed with CFE on:
 (illegible)
 February
 16, 2001
 Reserved for relevant CFE

DECLARATION OF MODIFICATION

OF COMPANY: IDENTIFICATION CHARACTERISTICS MANAGEMENT HEAD-OFFICE TRANSFER DISSOLUTION
AND/OR ADDITIONAL IDENTIFICATION

OF PREMISES: OPENING IDENTIFICATION MANAGEMENT ACTIVITIES CLOSING
(INCLUDING TRANSFER)

OTHER MODIFICATIONS (IF APPLICABLE, SPECIFY): **MODIFICATION OF THE COMPANY INTO SASU +
 CONVERSION OF CAPITAL INTO EUROS + CAPITAL INCREASE**

DECREE N° 81-237 OF MARCH 18, 1981, AMENDED, CREATING COMPANIES' TRAINING CENTERS
 NUMBER(S) OF MAIN REGISTRATION

RCS - 729 800 839 · RM · SIREN N°

CORPORATE REGISTRY TRADE REPERTORY

CORPORATE
 ENTITY
 C92OHO 72007

WHATEVER FORMALITY IS BEING UNDERTAKEN, THE INFORMATION REQUESTED UNDER THE HEADINGS UNDERScored IN RED MUST BE COMPLETED AND, IF THE MODIFICATION CONCERNS OTHER PREMISES, THE HEADINGS UNDERScored IN BLACK MUST BE COMPLETED AS WELL.

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| <p>1A) IDENTIFICATION &, IF APPLICABLE, NEW IDENTIFICATION AT: CORPORATE NAME: ZODIAC INTERNATIONAL ACRONYM: _____</p> | <p>1B) FORMER IDENTIFICATION IN EVENT OF MODIFICATION: CORPORATE NAME: _____ ACRONYM: _____</p> |
| <p>HEAD-OFFICE (OR IN EVENT OF TRANSFER, NEW HEAD-OFFICE) ADDRESS INCLUDING, WHERE NECESSARY, AGENT'S NAME (GIVEN & FAMILY NAMES OR CORPORATE NAME): 2, RUE MAURICE MALLET - 92130 ISSY-LES-MOULINEAUX</p> | |
| <p>SIRET N°: 729 800 839 00 080</p> | |
| <p>2) LEGAL STRUCTURE: SOCIETE PAR ACTIONS SIMPLIFIEE UNIPERSONNELLE 09/01/01 <small>WHERE APPLICABLE, SPECIAL STATUS</small> <small>- DATE OF MODIFICATION -</small></p> <p>MAIN ACTIVITIES OF COMPANY: MANUFACTURING AND MARKETING OF INFLATABLE BOATS (WINGS, SEMI-RIGID BOATS, LIFE-SAVING FLOATS)</p> <p style="text-align: right;">SALARIED PERSONNEL OF THE COMPANY 25 <small>- DATE OF MODIFICATION -</small> <small>ON THE DAY OF THE APPLICATION</small></p> | |
| <p>3) TRADE NAME:</p> <p>CAPITAL: 14 000 000 Euros 09/01/01 <small>OR IN THE EVENT OF VARIABLE CAPITAL, THE NOMINAL AMOUNT</small> <small>- DATE OF MODIFICATION -</small> CORPORATE TERM: YEARS; IN EVENT OF OBLIGATION TO PUBLISH ACCTS., DATE OF CLOSING OF FISCAL YR. <small>- DATE OF MODIFICATION -</small> <small>MONTH · DAY</small></p> | |
| <p>4) MANAGEMENT &, IF APPLICABLE, DIRECTORS, STATUTORY AUDITORS & PARTNERS, SEPARATELY & JOINTLY LIABLE FOR CORPORATE DEBTS, INTER-CO. PARTN. MEMBERS, LIQUIDATORS FOR PREMISES, DESCRIBE, IF ANY, PERSON(S) HAVING COMPANY SIGNATURE [AUTHORIZED REPRESENTATIVE(S)], JOINT OWNERS OF BUSINESS.</p> <p>FAMILY & GIVEN NAMES: PINAULT MAURICE</p> <p>OR CORPORATE NAME: _____</p> <p>DOMICILE: 6-8 RUE BENOUVILLE - 75116 PARIS</p> <p>OR HEAD-OFFICE ADDRESS: _____</p> | |
| <p>ADMINISTRATOR PRESIDENT 28/05/53 83 TOULON FRENCH 09/01/01 <small>- FORMER POST. IF ANY -</small> <small>- NEW POST -</small> <small>- DATE OF BIRTH -</small> <small>- PLACE -</small> <small>- NATIONALITY -</small> <small>- DATE OF MODIFICATION -</small></p> | |

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|---|---|---------------------|--|--|--|--|--|--|--|
| FAMILY & GIVEN NAMES: OR CORPORATE NAME: DOMICILE: OR HEAD-OFFICE ADDRESS: | ERNST & YOUNG AUDIT 4 RUE AUBER - 75009 PARIS | (CHANGE OF ADDRESS) | | | | | | | |
| | CACRI | | | | | | | | |
| | | | | | | | | | |
| FAMILY & GIVEN NAMES: OR CORPORATE NAME: DOMICILE: OR HEAD-OFFICE ADDRESS: | MR CHRISTIAN DE CHASTELLUX | | | | | | | | |
| | CACSU | | | | | | | | |
| | | | | | | | | | |
| LIST TO FOLLOW ON SEPARATE SHEET | YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | | | | | | | |
| 5) IN EVENT OF DISSOLUTION: IF OPERATION IS CONTINUING FOR CLOSING-OUT: YES <input type="checkbox"/> NO <input type="checkbox"/> SPECIFY IN MANAGEMENT SQUARE, REFERENCES OF LIQUIDATOR(S) Indicate the title and issue date of the legal publication which published the names of the liquidator(s) | | | | | | | | | |
| 6) IN EVENT OF TRANSFER OF HEAD OFFICE TO JURISDICTION OF ANOTHER COMMERCIAL COURT, SPECIFY REGISTRARS WHERE SECONDARY ENTRIES MAY BE FOUND: | | | | | | | | | |
| LIST TO FOLLOW ON SEPARATE SHEET | YES <input type="checkbox"/> NO <input type="checkbox"/> | | | | | | | | |
| 7) IN EVENT OF MODIFICATION OF CAPITAL AFTER MERGER <input checked="" type="checkbox"/> OR SEPARATION <input type="checkbox"/> CORP. ENTITIES PARTICIPATING IN OPERATION (CO. NAME, LEGAL STRUCT., HD-OFF. ADDRESS, CORP. REG. N°): | | | | | | | | | |
| LIST TO FOLLOW ON SEPARATE SHEET | YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | | | | | | | |

IF THE APPLICATION CONCERNS OTHER PREMISES, THE HEADINGS UNDERScoreD IN BLACK MUST BE COMPLETED.

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| 9A) PREMISES CONCERNED &, IF APPLICABLE, NEW IDENT. AS OF ADDR. IF NOT SAME AS HD. OFF. (OR SUCH, IF SO); IN EVENT OF TRANSFER, NEW ADDR.: | |
| SIRET N°: | |
| 10) PREMISES ARE (FOR CO.) | NEW <input type="checkbox"/> MODIFIED <input type="checkbox"/> CLOSED OUT <input type="checkbox"/> |
| CATEGORY(IES): | HEAD OFFICES <input type="checkbox"/> MAIN PREMISES <input type="checkbox"/> SEC. PREMISES <input type="checkbox"/> |
| SIGN (OPTIONAL): | |

| | |
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| 9B) FORMER ESTABLISHMENT IN THE EVENT OF TRANSFER: FORMER ADDRESS IF CHANGED BY CITY COUNCIL ORDER: ADDRESS: | |
| IN EVENT OF TRANSFER OF HEAD OFFICES OR OF PREMISES, SIRET N°: IF ALL LAID OFF, DATE - STILL ACTIV. AT FORMER HD. OFF. YES <input type="checkbox"/> NO <input type="checkbox"/> | |

ANALYSIS OF THE MODIFICATION

11) IN EVENT OF OPENING OF PREMISES, MODIFICATION OF MODE OF OPERATION, ADDITION OF ACTIVITY, SPECIFY . . . & ORIGIN:

DATE OF MODIFICATION
 CREATION ACTIVITY TRANSFER PURCHASE CONTRIBUTION MANAGEMENT LEASE RECOVERY MANAGEMENT LEASE-OUT OTHER (SPECIFY)

IDENTITY OF PRIOR OPERATOR
 FAMILY & GIVEN NAMES OR CORPORATE NAME
 CORPORATE REGISTRY N° OR SIREN N°

If applicable, date of withdrawal or modification of Corporate Registry or Prior Operator:

12) IN EVENT OF CLOSING OF PREMISES, MODIFICATION OF MODE OF OPERATION, ADDITION OF ACTIVITY, SPECIFY . . . & ORIGIN:

DATE OF MODIFICATION
 CLOSING ACTIVITY TRANSFER SALE CONTRIBUTION RECOVERY BY OWNER LEASE OF MANAGEMENT OTHER (SPECIFY)

IDENTITY OF NEW OPERATOR:
 FAMILY & GIVEN NAMES, DOMICILE OR CORPORATE NAME, HEAD OFFICE ADDRESS

(THIS MAY BE COMPLETED BY THE REGISTRAR)

IN EVENT OF ACQUISITION OF BUSINESS (BY PURCHASE OR CONTRIBUTION), INDICATE TITLE & DATE OF LEGAL PUBLICATION WHICH PUBLISHED TRANSFER:
 IN EVENT OF MANAGEMENT-LEASE AGREEMENT, INDICATE DURATION OF CONTRACT FROM * * * & IF RENEWABLE BY TACIT AGREEMENT: YES NO
 IDENTITY OF THE BUSINESS LESSEE:
 FAMILY & GIVEN NAMES, DOMICILE, HEAD OFFICE ADDRESS

13) ACTIVITIES UNDER WAY ON SAID PREMISES ON DAY OF APPLICATION PERMANENT SEASONAL ITINERANT FOLLOWING BEGINNING MODIFICATION END OF OPERATION

14) MAIN ACTIVITY (following)
 SECONDARY ACTIVITIES:

15)

16)

17) NOTES, IF ANY, OF APPLICANT OR OTHER MODIFICATION(S) : MODIFICATION OF THE COMPANY INTO SASU + CONVERSION OF CAPITAL INTO EUROS + CAPITAL INCREASE
 23/04/2002
DATE OF MODIFICATION

18) PERMANENT ADDRESS:
 FOR ANY CORRESPONDENCE: BUILDING, STAIRCASE, ENTRY, HIGH-RISE ROAD: N° 2 TYPE RUE NAME MAURICE MALLET
 92130 ISSY LES MOULINEAUX
COMMUNE POSTAL CODE DISTRIBUTING OFFICE OR CEDEX TELEPHONE 01 41 23 22 60

19) THE UNDERSIGNED: **DE LAGUEREL GENEVIEVE, DOMICILED AT THE REGISTERED OFFICE OF THE COMPANY**
FAMILY & GIVEN NAMES; IF AGENT, SPECIFY POSITION & ADDRESS

REQUEST THAT THIS DOCUMENT BE ACCEPTED AS AN APPLICATION FOR REGISTRATION IN RCS RM RSAC REBA
 FOR WITHDRAWAL FROM RCS RM RSAC REBA AS WELL
 AS DECLARATION TO TAX & HEALTH PLAN SERVICES, INSEE &, IF EMPLOYER OR CEASES SUCH, TO LABOR INSPECTION & NATIONAL EMPLOYMENT AGENCY

IN: ISSY LES MOULINEAUX
 ON: February 3, 2001
 SIGNATURE: *signature*

(A) NEW (OR MAINTAINED IN THE EVENT OF A TRANSFER OF THE HEAD OFFICES TO ANOTHER REGISTRAR OR OTHER CHAMBER OF TRADE) SPECIFY:
 PHYSICAL (NON-CORPORATE) PERSON (EXCEPT RECEIVERS): DATE, PLACE OF BIRTH, NATIONALITY; IF THE DIRECTOR OR ASSOCIATE IS FOREIGN: RESIDENCE OR TRADE PERMIT REFERENCE; IF THE ASSOCIATE IS MARRIED: DATE AND PLACE OF MARRIAGE, TYPE OF MARRIAGE CONTRACT, AND AS NECESSARY, CONTRACTUAL CLAUSES; FOR EVERY GROUP MEMBER: TRADE AND COMPANIES REGISTER N° AND/OR TRADE REGISTRY, AND IF MEMBER IS MARRIED, NAME OF SPOUSE, DATE AND PLACE OF MARRIAGE, MATRIMONIAL REGIME AND POSSIBLE CONTRACTUAL CLAUSES. IN THE CASE OF A MANAGER AND/OR A MAJOR ASSOCIATE OF A LIMITED LIABILITY COMPANY, AN ASSOCIATE OF A GENERAL PARTNERSHIP OR A LIMITED PARTNERSHIP, IN PARTICULAR, JOIN A TNS COMPANY DOCUMENT
 COMPANIES: LEGAL STATUS, NAME AND FIRST NAMES OF PERMANENT REPRESENTATIVE; FOR EACH MEMBER OF THE BUSINESS GROUP: TRADE AND COMPANIES REGISTER N° AND/OR TRADE REGISTRY.
 - LEAVING: IN THE EVENT OF MANAGER AND/OR MAJOR ASSOCIATE OF A LIMITED LIABILITY COMPANY, ASSOCIATE OF A GENERAL OR A LIMITED PARTNERSHIP PLEASE SPECIFY DATE OF BIRTH.