

TRADEMARK ASSIGNMENT

Electronic Version v1.1
 Stylesheet Version v1.1

SUBMISSION TYPE:	NEW ASSIGNMENT
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NATURE OF CONVEYANCE:	ASSIGNS THE ENTIRE INTEREST AND THE GOODWILL
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CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
T&A Mobile Phones SAS		03/20/2008	CORPORATION: FRANCE

RECEIVING PARTY DATA	
Name:	TCT Mobile Europe SAS
Doing Business As:	DBA Alcatel Mobile Phones
Street Address:	165 Boulevard de Vamy
City:	Colombes
State/Country:	FRANCE
Postal Code:	92700
Entity Type:	CORPORATION: FRANCE

PROPERTY NUMBERS Total: 1		
Property Type	Number	Word Mark
Registration Number:	2590013	ONE TOUCH

CORRESPONDENCE DATA	
Fax Number:	(212)697-3004
<i>Correspondence will be sent via US Mail when the fax attempt is unsuccessful.</i>	
Phone:	212-697-2800
Email:	joesofer@soferharoun.com
Correspondent Name:	Joseph Sofer
Address Line 1:	317 Madison Ave
Address Line 2:	Suite 910
Address Line 4:	New York, NEW YORK 10017

ATTORNEY DOCKET NUMBER:	979-383
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DOMESTIC REPRESENTATIVE	
Name:	Joseph Sofer
Address Line 1:	317 Madison Ave

CH \$40.00 2590013

Address Line 2: Suite 910
Address Line 4: New York, NEW YORK 10017

NAME OF SUBMITTER:	Joseph Sofer
Signature:	/joesofer/
Date:	06/30/2008

Total Attachments: 4
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No. 11682*01

DECLARATION OF MODIFICATION

LEGAL ENTITY

MGUIDBEFHKT

[stamp]

Designation, legal form, capital
 Declaration related to an establishment (opening, modification, transfer, change to lease-mgmt, closing)
 Resumption of activity
 Headquarters transfer
 Dissolution
 Company created without activity taking up an activity
 Total cessation of activity without disappearance of the legal entity
 Other

ALWAYS COMPLETE boxes 1, 2, 17, 18 AND NEW OR MODIFIED NOTES indicating the date of the event

REMINDEUR OF IDENTIFICATION BEFORE MODIFICATION

DESIGNATION/ACRONYM T & A MOBILE PHONES SAS

Legal Form SIMPLIFIED JOINT-STOCK COMPANY [SOCIETE PAR

ACTIONS SIMPLIFIEE]

Headquarters or 1st establishment in France for foreign companies:

res., bldg. no., street, locality 165 BD DE VALMY

Zip Code 92700 Commune COLOMBES

Designation of tax center where most recent results and VAT declarations were filed CDI 92

DECLARATION RELATIVE TO MODIFICATION OF THE LEGAL ENTITY

15032008 DESIGNATION TCT MOBILE EUROPE SAS

Legal Form _____ Acronym _____

Company reduced to a single partner

Duration of the legal entity _____

Financial year end date _____

Corporate name _____

Capital: amount, currency _____

If variable capital: *Minimum amount* _____

Continuation of company despite net asset lower than half company capital

Regeneration of equity capital

Legal entities having participated in the operation:
 Merger Split This operation causes an increase in capital

[stamp] _____ REGISTRAR LABOR COURT OF NANTERRE

SEP 02. 2005

FILING NO. _____

Continued on additional sheet M

Dissolution.

Indicate liquidator in box 15. In the case of closing of an establishment, complete box 8.

Name of legal announcements journal _____ Date appeared _____

Liquidation address: headquarters liquidator's address other: _____

DECLARATION RELATIVE TO AN ESTABLISHMENT

This request concerns AN OPENING A MODIFICATION A TRANSFER PUTTING INTO LEASE-MGMT A CLOSING

ESTABLISHMENT TRANSFERRED OR CLOSED

FOR A TRANSFER: Destination Closed Sold Other

If activity is maintained, because of this, establishment is: HQ Primary Secondary

FOR A CLOSING: Destination Eliminated Sold Other

If transfer of jobs for all salaried employees: date _____

[stamp] _____ MINISTRY OF ECONOMY, FINANCE AND INDUSTRY

NATIONAL INSTITUTE OF INDUSTRIAL PROPERTY

ESTABLISHMENT CREATED OR MODIFIED

FOR A MODIFIED ESTABLISHMENT:

Presence of salaried employees: yes no

It becomes Primary Secondary (only if change in nature)

FOR CREATED ESTABLISHMENT: Headquarters HQ-Primary Est.

Primary Establishment Secondary establishment, in this case,

is it permanent and directed by a person having the power to enter into binding legal relations with third parties yes no

[sideways text] It guarantees them the right to access and correct data concerning them with the bodies receiving this form.

ACTIVITY: Permanent Seasonal / Traveling

Activities exercised: _____

Indicate the most important of these activities
For this activity, specify its nature - *check only one box*:

Its nature: Retail Transportation Service Import/Export
 Wholesale or sales intermediary Mfg., production Liberal profession
 Furnished rentals Mfg., installation Repairs Bldg.
 public works

Extraction Other Mine, quarry Other

Its place of practice: Store (area: m²) Office, practice Market Workshop
 On-street Factory Warehouse

Does this establishment's primary activity become the company's primary activity yes no
 In case of change in activity, it is the result of a: addition of activity
 partial suppression of activity by: Disappearance Sale Resumption by owner Other

Trade sign: _____

ORIGIN FOR A BUSINESS OR CRAFT FUND:
 Creation, skip to the next box
 Purchase Lease-management Other

Previous exploiter: unique identification no. _____

Birth name / Designation _____ Given names _____
 Name commonly used _____
 Purchase, contribution: Legal announcements journal, date appeared _____
 Name of Journal _____
 Lease-mgmt: contract from _____ to _____
 Tact renewal yes no

Fund lender: if different from previous operator
 Birth name / Designation _____ Given names _____
 Name commonly used _____
 Domicile / Headquarters _____
 Zip Code _____ Commune _____

SALARIED EMPLOYEES of created est.: _____ Date first employee hired: _____
 Total number of salaried employees of company _____ of which: apprentices _____ VRP _____

FUNDS GIVEN FOR LEASE-MANAGEMENT

MADE LEASE-MGMT All funds Part of funds, which _____
 Address: res., bldg. no., street, locality _____
 Establishment Primary Secondary Lessor-manager: surname, given names/designation _____ Zip Code _____

FOR COMPANY IN SARL FORM DECLARATION OF PARTNERSHIP To be filled out by SNT social branch for the majority manager - sole partner

THE NATURE OF THE MANAGEMENT IS MODIFIED yes no If yes, it becomes:
 MINORITY/EQUAL a company is partnered
 MAJORITY, if the spouse is a partner, s/he participates in the activity unpaid yes no

DECLARATION RELATIVE TO THE MANAGER - Continued on additional sheet(s) M for partners indefinitely and jointly responsible

FOR MODIFICATION DECLARATION _____ New Leaving *Complete 15b*
 Change in personal situation Maintained, former function _____
FUNCTION
 For business corporations, can the interested party commit the company alone yes no

Birth name _____ Given name _____
 Name commonly used _____ at _____ Nationality _____
 DOB _____
 Designation, legal form _____ Commune _____

Domicile / Headquarters _____
 Zip Code _____
 For a legal entity Registration place and no. _____

ADDITIONAL INFORMATION

OBSERVATIONS:
 Correspondence address Declared in box no. _____ Other _____ AT THE REGISTERED OFFICE
 Zip Code _____ Commune _____
 Telephone(s) _____
 Fax / email _____

This document constitutes a request for modification to the TR, and is equivalent to a declaration to tax services, social security bodies, INSEE and, if applicable, labor inspection.

THE LEGAL REPRESENTATIVE
 THE PROXY *having power of attorney* (illegible stamp) Cabinet A1eF-17, rue Dupin 75006 Paris
 OTHER PERSON *having a justified interest* EB 08.0306

Certify the accuracy of the information provided
 Done at Paris
 On 20/03/2008
 Number of inserts: 0 SNT sections: 0

SIGNATURE
 (illegible signature)

Sign each sheet separately.

REPRESENTATIVE OF MANAGING LEGAL ENTITY (only when provided for in writing)
 For modification of representative New Leaving *Complete 15b* Change personal situation

Birth name _____ Given name _____
 Name commonly used _____ at _____ Nationality _____
 DOB _____
 Residing at _____
 Zip Code _____ Commune _____

15b LEAVING Birth name, commonly used name, given name/denomination and legal form [stamp] MINISTRY OF ECONOMY, FINANCE AND INDUSTRY
 NATIONAL INSTITUTE OF INDUSTRIAL PROPERTY

ORIGINE POUR UN FONDS DE COMMERCE OU ARTISANAL :
 Création, passez directement au cadre suivant
 Achat Prise en location gérance Autre

Précédent exploitant : n° unique identification _____
 Nom de naissance / Dénomination _____ Prénoms _____
 Nom du journal : _____ au _____
 Location-gérance : contrat du _____ au _____
 Renouvellement par tacite reconduction oui non
 Loueur du fonds : si différent du précédent exploitant _____
 Nom de naissance / Dénomination _____ Prénoms _____
 Nom d'usage _____
 Domicile / Siège _____ Commune _____
 Code postal _____

EFFECTIF SALARIE de l'établissement créé : _____ Date d'embauche du 1er salarié _____
 Total effectif salarié de l'entreprise _____ dont : _____ apprentis _____ VRP _____

ACTIVITE : Permanente Saisonnière / Ambulant

Parmi ces activités, indiquer la plus importante _____
 Pour celle-ci, préciser sa nature en ne cochant qu'une seule case :
 Sa nature : Comm. de détail Transport Services Import export
 Comm. de gros ou interméd. du com. Fabrication, production Profession libérale
 Loc. meubles Montage, installation Réparation Bât., travaux publics
 Extraction Autre

Son lieu d'exercice : Magasin (surface : m²) Bureau, cabinet Sur marché
 En clientèle Usine Atelier Dépôt, entrepôt
 Sur chantier Mine, carrière Autre

L'activité principale de cet établissement devient-elle l'activité principale de l'entreprise oui non
 En cas de modification d'activité, elle résulte d'une :
 adjonction d'activité suppression partielle d'activité par : Disparition Vente Reprise par le propriétaire Autre
 Enseigne : _____

FONDS DONNE EN LOCATION GERANCE

Salariés présents dans l'établissement oui non

Adresse : Rés., Bât., n°, voie, lieu-dit _____ Code postal _____ Commune _____

Etablissement Principal Secondaire Locataire-gérant : nom, prénoms/dénomination : _____

POUR LA SARI DECLARATION SOCIAL A compléter par le volet social TNS pour le gérant majoritaire associé unique

Si gérant majoritaire partant ou modifié : N° SS _____
 Caisse d'assurance maladie TNS _____
 Caisse de retraite _____ Dept. _____

LA NATURE DE LA GERANCE EST MODIFIEE oui non Si oui, elle devient :
 MINORITAIRE/EGALITAIRE une société est associée
 MAJORITAIRE, si le conjoint est associé, il participe à l'activité sans être rémunéré oui non

DECLARATION RELATIVE AU DIRIGEANT Suite du mandat

POUR DECLARATION DE MODIFICATION _____
 Modification situation personnelle Maintenu ancienne qualité Nouveau Partant Remplir 15bis

QUALITE
 Pour les sociétés commerciales, l'intéressé peut-il engager seul la société oui non

Nom de naissance _____
 Nom d'usage _____ Prénom _____
 Né(e) le _____ à _____ Nationalité _____
 Dénomination, forme juridique _____
 Domicile / Siège _____
 Code postal _____ Commune _____

Pour une personne morale Lieu et n° d'immatriculation _____

REPRESENTANT DE LA PERSONNE MORALE DIRIGEANTE (seulement lorsqu'un texte le prévoit).
 Pour modification du représentant Nouveau Partant Remplir 15bis Modification situation personnelle

Nom de naissance _____
 Nom d'usage _____ Prénom _____
 Né(e) le _____ à _____ Nationalité _____
 Domicile _____
 Code postal _____ Commune _____

PARTANT Noms de naissance, d'usage, prénom / dénomination et forme juridique _____

OBSERVATIONS : _____

Adresse de correspondance Déclarée au cadre n° 2 _____ Autre _____
 Code Postal _____ Commune _____

Le présent document constitue une demande de modification au RCS, le cas échéant au RIM, et vaut déclaration aux services fiscaux, aux organismes de sécurité sociale, à l'INSEE et s'il y a lieu, à l'inspection du travail.
 Quelconque donnée, de mauvaise foi, des indications inexactes ou incomplètes s'expose à des sanctions pénales pouvant aller jusqu'à l'emprisonnement.

LE REPRESENTANT LEGAL _____
 LE MANDATAIRE ayant procuration CABINET ALBEF - 17, Rue Dupin 75006 PARIS
 AUTRE PERSONNE justifiant d'un intérêt EB 08.0386

Certifie l'exactitude des renseignements donnés
 Fait à PARIS le 20/03/2008
 (Nombre d'intercalaires) _____ (volet(s) TNS) _____

SIGNATURE : _____
 Signer chaque feuille séparément