

**TRADEMARK ASSIGNMENT**

Electronic Version v1.1  
 Stylesheet Version v1.1

<b>SUBMISSION TYPE:</b>	NEW ASSIGNMENT		
<b>NATURE OF CONVEYANCE:</b>	change of address and change of legal status		
<b>CONVEYING PARTY DATA</b>			
<b>Name</b>	<b>Formerly</b>	<b>Execution Date</b>	<b>Entity Type</b>
Souriau		06/18/2003	CORPORATION: FRANCE
<b>RECEIVING PARTY DATA</b>			
<b>Name:</b>	Souriau		
<b>Street Address:</b>	9 rue de la Porte de Buc		
<b>City:</b>	Versailles		
<b>State/Country:</b>	FRANCE		
<b>Postal Code:</b>	78000		
<b>Entity Type:</b>	societe par actions simplifiee: FRANCE		
<b>PROPERTY NUMBERS Total: 1</b>			
<b>Property Type</b>	<b>Number</b>	<b>Word Mark</b>	
<b>Registration Number:</b>	2723430	ELIO	
<b>CORRESPONDENCE DATA</b>			
<b>Fax Number:</b>	(203)255-5170		
<i>Correspondence will be sent via US Mail when the fax attempt is unsuccessful.</i>			
<b>Email:</b>	SMURPHY@PGPATENT.COM		
<b>Correspondent Name:</b>	Janik		
<b>Address Line 1:</b>	425 Post Road		
<b>Address Line 2:</b>	Perman & Green, LLP		
<b>Address Line 4:</b>	Fairfield, CONNECTICUT 06824		
<b>ATTORNEY DOCKET NUMBER:</b>	864-002454-US(-TM)		
<b>DOMESTIC REPRESENTATIVE</b>			
<b>Name:</b>			
<b>Address Line 1:</b>			
<b>Address Line 2:</b>			
<b>Address Line 3:</b>			

**CH \$40.00 2723430**

Address Line 4:

NAME OF SUBMITTER:

Janik Marcovici

Signature:

/jm/

Date:

04/30/2009

**Total Attachments: 14**

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M2 COSA  
NO TRADEMARK

<b>DECLARATION OF MODIFICATION</b>		RESERVED BY THE CFE MGUIDBEFHIKT
LEGAL ENTITY 03GB		Declaration No. _____ Received on _____ Passed on _____
<input type="checkbox"/> Denomination, legal form, capital <input checked="" type="checkbox"/> Transfer of the Head office <input type="checkbox"/> Taking of activity of a company created without activity <input type="checkbox"/> GIE-GIIE <input type="checkbox"/> Declaration relative to an establishment (opening, modification, transfer, rented stake, management, closure) <input type="checkbox"/> Total cessation of activity without disappearance of the legal entity <input type="checkbox"/> Resumption of activity <input type="checkbox"/> dissolution <input type="checkbox"/> Other		
FILL IN ANY CASE BOXES nos. 1, 2, 17, 18 AND NEW OR MODIFIED MENTIONS by indicating the event date		
<b>IDENTIFICATION RELATIVE TO THE MODIFICATION</b>		
<b>1</b> IDENTIFICATION No. 421320268 <input checked="" type="checkbox"/> Registered on the Clerk's office of the Company Register of VERSAILLES <input type="checkbox"/> on the Trademark Register in the Dept of Clerk(s) of or second registration		Denomination/Acronym SOURIAU Legal form SA Head office or 1 <sup>st</sup> French Establishment for foreign companies Address 53 rue de Chateaudun Postcode 75009 Country PARIS
<b>DECLARATION RELATIVE TO THE MODIFICATION</b>		
<b>3</b> Denomination SOURIAU Acronym _____ Legal form SA <input type="checkbox"/> Company reduced to a unique partner Duration of the legal entity 99 Closing date of the fiscal year 3006 Commercial name _____		<b>5</b> <input type="checkbox"/> Merger <input type="checkbox"/> Split. These operation leads to <input type="checkbox"/> a rise in capital Legal entity having participated in the operation : _____
<b>4</b> Capital : amount, monetary unit 4 352 544 EUROS If variable capital : minimum amount _____ <input type="checkbox"/> Continuation of the company in spite of an inactive subordinate in the middle of the share capital <input type="checkbox"/> Reconstruction of stockholders' equities		<b>6</b> Disolution. Indicate the liquidator to the box 15. In the case of closure of establishment, fill box 8 Name of the newspaper of legal announcements publication date _____ Address of liquidation: <input type="checkbox"/> head offices <input type="checkbox"/> liquidator address <input type="checkbox"/> other _____
<b>DECLARATION RELATIVE TO AN ESTABLISHMENT</b>		
<b>7</b> This request concerns <input type="checkbox"/> An opening <input type="checkbox"/> A modification <input checked="" type="checkbox"/> A transfer <input type="checkbox"/> A rented stake management <input type="checkbox"/> A closing		
Date _____ <b>TRANSFERRED OR CLOSED ESTABLISHMENT</b>		
<b>8</b> 23052003 Old establishment : <input type="checkbox"/> Head office <input type="checkbox"/> Main establishment <input checked="" type="checkbox"/> head office-main establishment <input type="checkbox"/> secondary establishment <input type="checkbox"/> first establishment in France of a foreign company Address: 53 rue de Chateaudun Postcode 75009 Country PARIS		FOR A TRANSFER : destination <input type="checkbox"/> closed <input type="checkbox"/> sold <input type="checkbox"/> other If preservation of an activity, therefore, the establishment is : <input type="checkbox"/> head office <input type="checkbox"/> main <input type="checkbox"/> secondary FOR A CLOSING : destination <input type="checkbox"/> delete <input type="checkbox"/> sold <input type="checkbox"/> other If cessation of employment of every employee : date _____
Date _____ <b>CREATED OR MODIFIED ESTABLISHMENT</b>		
<b>9</b> 23052003 Address 9 rue de la Porte de Buc Postcode 78060 Country VERSAILLES Domiciliation contract : paying agent Identification No. _____		FOR A MODIFIED ESTABLISHMENT : Employees' presence <input type="checkbox"/> yes <input type="checkbox"/> no It becomes <input type="checkbox"/> main <input type="checkbox"/> secondary (only if legal form change). FOR A CREATED ESTABLISHMENT : <input type="checkbox"/> head office <input checked="" type="checkbox"/> head office-main establishment <input type="checkbox"/> main establishment <input type="checkbox"/> secondary establishment, in this case, is it permanent and stored by a person having the power to bind official reports with third parties <input type="checkbox"/> yes <input type="checkbox"/> no
<b>10</b> 23052003 Activity : <input checked="" type="checkbox"/> permanent <input type="checkbox"/> seasonal / <input type="checkbox"/> mobile Exercised activity: the design, the manufacture, the marketing of electric, electronic, optical connectors. Among these activities, indicate the most important (see observation & M3) For this one, clarify the nature by marking only a single box: Its legal form : <input type="checkbox"/> retail trade <input type="checkbox"/> transport <input type="checkbox"/> services <input type="checkbox"/> import export <input type="checkbox"/> Wholesale business <input type="checkbox"/> Manufacturing, production <input type="checkbox"/> liberal profession <input type="checkbox"/> Rents furnished flats <input type="checkbox"/> assembly, installation <input type="checkbox"/> repair <input type="checkbox"/> Building, public works <input type="checkbox"/> extraction <input type="checkbox"/> other Its exercise place: <input type="checkbox"/> shop <input type="checkbox"/> office <input type="checkbox"/> on market <input type="checkbox"/> in clientele <input type="checkbox"/> factory <input type="checkbox"/> workshop <input type="checkbox"/> warehouse <input type="checkbox"/> on building site <input type="checkbox"/> mine, quarry <input type="checkbox"/> other Does the main activity of this establishment become the main activity of the enterprise <input type="checkbox"/> yes <input type="checkbox"/> no In case of activity modification, its result of: <input type="checkbox"/> activity addition <input type="checkbox"/> partial withdrawal of activity by : <input type="checkbox"/> disappearance <input type="checkbox"/> sale <input type="checkbox"/> recovery by the owner <input type="checkbox"/> other _____ Sign : _____		<b>11</b> ORIGIN FOR GOODWILL OR ARTISANAL : <input checked="" type="checkbox"/> creation, pass directly to the following box <input type="checkbox"/> purchase <input type="checkbox"/> hire management <input type="checkbox"/> other Previous developer: identification No. _____ Born name/Denomination _____ Custom name _____ Purchase, contribution. Newspaper: of legal announcements, publication date _____ Newspaper name: _____ Hire management : contract from _____ to _____ Renewed by tacit renewal <input type="checkbox"/> yes <input type="checkbox"/> no Fraud tender : if different of its previous tender Born name/Denomination _____ Custom name first name _____ Address _____ Postcode Country _____
Date _____ <b>FUND LET'S MANAGEMENT</b>		<b>12</b> Salaried strength of the created establishment : hiring date _____ Total salaried strength of the company 833 among them apprentice VRP
<b>13</b> <input type="checkbox"/> RENTED STAKE MANAGEMENT <input type="checkbox"/> fund totality <input type="checkbox"/> A part of the fund, which _____ Address: _____ Establishment <input type="checkbox"/> main <input type="checkbox"/> secondary    Rent manager: Name, first name/denomination: _____ present employees in the establishment <input type="checkbox"/> yes <input type="checkbox"/> no postcode _____ country _____		
<b>FOR THE FUNDED COMPANY SOCIAL STATEMENT to be completed by using the social tax INS for the majority manager - associated manager</b>		
<b>14</b> THE NATURE OF THE MANAGEMENT IS MODIFIED <input type="checkbox"/> yes <input type="checkbox"/> no If yes, it becomes : <input type="checkbox"/> MINORITY / EQUALITERIAN <input type="checkbox"/> a company is associated <input type="checkbox"/> MEMBER OF THE MAJORITY PARTY, if the spouse is associated, he participates in the activity without being paid <input type="checkbox"/> yes <input type="checkbox"/> no		<b>14bis</b> If managing leaving or modified member of the majority party : No SS _____ Health insurer INS _____ Dept. _____ Pension fund _____
<b>DECLARATION RELATIVE TO THE LEAVER'S STATUS in case of a different event for the associate partners and family responsibility</b>		

<b>15</b>	<b>FOR DECLARATION OF MODIFICATION 13052043</b> <input type="checkbox"/> new <input type="checkbox"/> leaving perform 15bis <input type="checkbox"/> Modification personal situation <input checked="" type="checkbox"/> Maintained former quality PCA + DG <b>QUALITY PCA + DG</b> For trading companies, can the interested engage only the company <input type="checkbox"/> yes <input type="checkbox"/> no Born name CALVARIN Custom name _____ first name FRANCOIS Born in 30111942 at NEUILLY SUR SEINE Nationality FRANCE Denomination, legal form _____ Address/Head office 91 AV NIEL Postcode 75017 Country PARIS For a legal entity place and registration number _____	<b>REPRESENTATIVE OF THE LEGAL ENTITY LEADER</b> (only when a text foresees it). For modification of the representative <input type="checkbox"/> new <input type="checkbox"/> leaving perform 15bis <input type="checkbox"/> Modification personal situation Born name _____ first name _____ Custom name _____ first name _____ Born in _____ at _____ Nationality _____ Address/Head office _____ Postcode _____ Country _____
	<b>15bis</b>	<input type="checkbox"/> LEAVING Born name, custom name, first name/denomination and legal form
<b>REQUIRED INFORMATION</b>		
<b>16</b>	<b>OBSERVATIONS.</b> Optoelectronics of elements or devices of optical coupling and/or electromagnetic of electronic and electro-optical under-whole and more generally of all systems under whole and solutions of connection and interconnection thus.	
<b>17</b>	Address of correspondence <input checked="" type="checkbox"/> Declared to the executive No. 2 <input type="checkbox"/> other postcode _____ Country _____	Phones _____ Fax/email _____
<b>18</b>	The present document constitutes a demand of modification for the Company Register, if necessary for the Trademark Register, and its worth statement in tax authorities, in bodies of Social Security, in INSEE and if necessary, to the factory Inspectorate. Whoever give, of bad faith, inaccurate or incomplete indications exposes itself to penalties which can go to the detention. <input type="checkbox"/> THE LEGAL REPRESENTATIVE name, first name/denomination and address <input checked="" type="checkbox"/> THE REPRESENTATIVE having mandate PETITES AFFICHES -2 rue Montesquieu <input type="checkbox"/> OTHER PERSON proving an interest 75001 PARIS/BSC/3305639/001	
		Certify the exactness of the given information At PARIS On June 16, 2003 No. of intercalaries 1 leaf TNS 0 <b>SIGNATURE:</b> <i>Seal and signature</i>

03B 1548

11 835

18 JUIN 2003





DEPOT DU  
18 JUIN 2003  
TRIBUNAL  
DE COMMERCE

no 7491

*[Handwritten signature]*

POUR COPIE CERTIFIEE  
AU  
Lille le :  
Le Chef de Bureau



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M2 COSA  
NO 11687\*01

**DECLARATION OF MODIFICATION** RESERVED BY THE CFE MQUIDBEFHKT

**LEGAL ENTITY 03B1548** Declaration No. Received on \_\_\_\_\_ Passed on \_\_\_\_\_

**1**  Denomination, legal form, capital  Transfer of the Head office  Taking of activity of a company created without activity  GIF-GFIF.  
 Declaration relative to an establishment (opening, modification, transfer, rented stake, management, closure)  Total cessation of activity without disappearance of the legal entity  
 Resumption of activity  Dissolution  Other

FILL IN ANY CASE BOXES nos. 1, 2, 17, 18 AND NEW OR MODIFIED MENTIONS by indicating the event date

**2** IDENTIFICATION No. 421320268 Denomination/Acronym SOURIAU  
 Registered on the Clerk's office of the Company Register of VERSAILLES Legal form SA  
 on the Trademark Register in the Dept of Clerk(s) of or second registration Head office or 1<sup>st</sup> French Establishment for foreign companies  
 Address 9 rue de la Porte de Buc  
 Postcode 78800 ~~Country~~ VERSAILLES

**3** Denomination 30862003 Legal form SAS Acronym  
 Company reduced to a unique partner  
 Duration of the legal entity 99  
 Closing date of the fiscal year: 30/06  
 Commercial name  
 Merger  Split. This operation leads to  a rise in capital  
 Legal entity having participated in the operation :

**4** Capital: amount, monetary unit if variable capital: minimum amount  
 Continuation of the company in spite of an net active subordinate in the middle of the share capital  
 Reconstruction of stockholders' equities  
**6** Dissolution. Indicate the liquidator to the box 15. In the case of closure of establishment, fill box 8  
 Name of the newspaper of legal announcements publication date  
 Address of liquidator:  head office  liquidator address  other

**DECLARATION RELATIVE TO AN ESTABLISHMENT**

**7** This request concerns  An opening  A modification  A transfer  A rented stake management  A closing

Date TRANSFERRED OR CLOSED ESTABLISHMENT  
**8** Old establishment:  Head office  Main establishment FOR A TRANSFER: destination  closed  sold  other  
 head office main establishment  secondary establishment  
 first establishment in France of a foreign company  
 Address: If preservation of an activity, therefore, the establishment is:  head office  main  secondary  
 Postcode Country FOR A CLOSING: destination  delete  sold  other  
 If cessation of employment of every employee: date \_\_\_\_\_

Date CREATED OR MODIFIED ESTABLISHMENT

**9** Address FOR A MODIFIED ESTABLISHMENT: Employees' presence  yes  no  
 Postcode Country it becomes  main  secondary (only if legal form changes).  
 Domiciliation contract: paying agent FOR A CREATED ESTABLISHMENT:  head office  head office-main establishment  
 Identification No. \_\_\_\_\_  main establishment  secondary establishment, in this case, is it permanent and stored by a person having the power to bind official reports with third parties:  yes  no

**10** Activity:  permanent  seasonal /  mobile  
 Exercised activity: the design, the manufacture, the marketing of electric, electronic, optical connectors.  
 Among these activities, indicate the most important (see observation & M3)  
 For this one, clarify the nature by making only a single box:  
 Its legal form:  retail trade  transport  services  import export  
 Wholesale business  Manufacturing, production  liberal profession  
 Rents furnished flats  assembly, installation,  repair  Building, public works  
 extraction  other  
 Its exercise place:  shop  office  on market  
 in clientele  factory  workshop  warehouse  
 on building site  mine, quarry  other  
 Does the main activity of this establishment become the main activity of the enterprise  yes  no  
 In case of activity modification, it result of:  
 activity addition  partial withdrawal of activity by:  disappearance  sale  recovery by the owner  other  
 Sign: \_\_\_\_\_

**11** ORIGIN FOR GOODWILL OR ARTISANAL:  
 creation, pass directly to the following box  
 purchase  hire management  other  
 Previous developer: identification No. \_\_\_\_\_  
 Born name/Denomination  
 Custom name  
 Purchase, contribution: Newspaper of legal announcements, publication date \_\_\_\_\_  
 Newspaper name:  
 Hire management: contract from \_\_\_\_\_ to \_\_\_\_\_  
 Renewal by tacit renewal  yes  no  
 Fund renter: If different of its previous farmer  
 Born name/Denomination  
 Custom name first name  
 Address  
 Postcode Country

**12** Salaried strength of the created establishment: hiring date \_\_\_\_\_  
 Total salaried strength of the company 833 among them apprentice VRP

Date FUND LETS MANAGEMENT  
**13** RENTED STAKE MANAGEMENT  fund totality  A part of the fund, which present employees in the establishment  yes  no  
 Address: postcode \_\_\_\_\_ country  
 Establishment  main  secondary Rent manager: Name, first name/denomination:

For the LIMITED COMPANY SOCIAL STATEMENT to be completed by using the social form TNS for the majority manager - associated manager

**14** THE NATURE OF THE MANAGEMENT IS MODIFIED  yes  no If yes, it becomes:  
 MINORITY / EQUALITERIAN  a company is associated  
 MEMBER OF THE MAJORITY PARTY, if the spouse is associated, he participates in the activity without being paid  yes  no  
**14bis** If managing leaving or modified member of the majority party: No SS \_\_\_\_\_  
 Health insur: TNS Dept. \_\_\_\_\_  
 Pension fund

**DECLARATION RELATIVE TO THE LEADER** Same on interest also even for the associates initially and jointly responsible

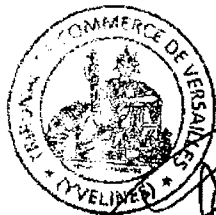
15	<p>FOR DECLARATION OF MODIFICATION 30002003 <input type="checkbox"/> new <input type="checkbox"/> leaving perform 15bis  <input type="checkbox"/> Modification personal situation <input checked="" type="checkbox"/> Maintained former quality PCA + DG  <b>QUALITY PCA + DG</b>  For trading companies, can the interested engage only the company <input type="checkbox"/> yes <input type="checkbox"/> no  Born name: CALVARIN  Custom name: first name FRANCOIS  Born in: ----- at: Nationality  Denomination, legal form  Address/Head office: 92 AVENUE NIEL  Postcode: 75017 Country: PARIS  For a legal entity place and registration number</p>	<p><b>REPRESENTATIVE OF THE LEGAL ENTITY LEADER</b> (only when a text foresees it).  For modification of the representative <input type="checkbox"/> new <input type="checkbox"/> leaving perform 15bis <input type="checkbox"/>  Modification personal situation  Born name: first name  Custom name: first name  Born in: ----- at: Nationality  Address/Head office  Postcode: ----- Country</p> <p><b>15bis</b> <input type="checkbox"/> LEAVING Born name, custom name, first name/denomination and legal form</p>			
<b>FURTHER INFORMATION</b>					
16	----- <b>OBSERVATIONS:</b>				
17	<b>Address of correspondence</b> <input checked="" type="checkbox"/> Declared to the executive No. 2 <input type="checkbox"/> other postcode: ----- Country:	Phones Fax/email			
18	<p>The present document constitutes a demand of modification for the Company Register, if necessary for the Trademark Register, and is worth statement in tax authorities, in bodies of Social Security, in INSEE and if necessary, to the factory inspectorate. Whoever give, of bad faith, inaccurate or incomplete indications exposes itself to penalties which can go to the detention.</p> <table border="0" style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> <b>THE LEGAL REPRESENTATIVE</b> name, first name/denomination and address  <input checked="" type="checkbox"/> <b>THE REPRESENTATIVE</b> having mandate: PETITES AFFICHES - 2 rue Montesquieu  <input type="checkbox"/> <b>OTHER PERSON</b> proving an interest: 75001 PARIS/SBO/JC/3309915/001 </td> <td style="width: 30%; vertical-align: top;"> Certify the exactness of the given information  At PARIS  On July 17, 2003  No. of intercalaries 0 leaf TNS 0 </td> <td style="width: 20%; vertical-align: top; text-align: center;"> <b>SIGNATURE:</b>   <i>Seal and signature</i> </td> </tr> </table>		<input type="checkbox"/> <b>THE LEGAL REPRESENTATIVE</b> name, first name/denomination and address <input checked="" type="checkbox"/> <b>THE REPRESENTATIVE</b> having mandate: PETITES AFFICHES - 2 rue Montesquieu <input type="checkbox"/> <b>OTHER PERSON</b> proving an interest: 75001 PARIS/SBO/JC/3309915/001	Certify the exactness of the given information At PARIS On July 17, 2003 No. of intercalaries 0 leaf TNS 0	<b>SIGNATURE:</b>  <i>Seal and signature</i>
<input type="checkbox"/> <b>THE LEGAL REPRESENTATIVE</b> name, first name/denomination and address <input checked="" type="checkbox"/> <b>THE REPRESENTATIVE</b> having mandate: PETITES AFFICHES - 2 rue Montesquieu <input type="checkbox"/> <b>OTHER PERSON</b> proving an interest: 75001 PARIS/SBO/JC/3309915/001	Certify the exactness of the given information At PARIS On July 17, 2003 No. of intercalaries 0 leaf TNS 0	<b>SIGNATURE:</b>  <i>Seal and signature</i>			

03 B 1548

*Redif.*

N<sup>o</sup> 14194

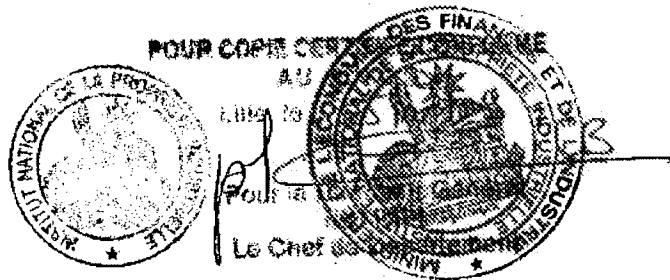
25 JUL. 2003



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DEPOT DU  
23 JUL. 2003  
TRIBUNAL  
DE COMMERCE

9301





M2



N°11987-01

DECLARATION DE MODIFICATION

PERSONNE MORALE

036

**DECLARATION DE MODIFICATION DE LA PERSONNE MORALE**

**SECTION 1: IDENTIFICATION DE LA SOCIÉTÉ**

N° JURIDIQUE D'IDENTIFICATION:  SIREN  SIRET

NOM DE LA SOCIÉTÉ: \_\_\_\_\_

Forme juridique:  SA  SARL  SAS  SNC  SNCU  SNCI  SNCIS  SNCISL  SNCISL2  SNCISL3  SNCISL4  SNCISL5  SNCISL6  SNCISL7  SNCISL8  SNCISL9  SNCISL10  SNCISL11  SNCISL12  SNCISL13  SNCISL14  SNCISL15  SNCISL16  SNCISL17  SNCISL18  SNCISL19  SNCISL20  SNCISL21  SNCISL22  SNCISL23  SNCISL24  SNCISL25  SNCISL26  SNCISL27  SNCISL28  SNCISL29  SNCISL30  SNCISL31  SNCISL32  SNCISL33  SNCISL34  SNCISL35  SNCISL36  SNCISL37  SNCISL38  SNCISL39  SNCISL40  SNCISL41  SNCISL42  SNCISL43  SNCISL44  SNCISL45  SNCISL46  SNCISL47  SNCISL48  SNCISL49  SNCISL50  SNCISL51  SNCISL52  SNCISL53  SNCISL54  SNCISL55  SNCISL56  SNCISL57  SNCISL58  SNCISL59  SNCISL60  SNCISL61  SNCISL62  SNCISL63  SNCISL64  SNCISL65  SNCISL66  SNCISL67  SNCISL68  SNCISL69  SNCISL70  SNCISL71  SNCISL72  SNCISL73  SNCISL74  SNCISL75  SNCISL76  SNCISL77  SNCISL78  SNCISL79  SNCISL80  SNCISL81  SNCISL82  SNCISL83  SNCISL84  SNCISL85  SNCISL86  SNCISL87  SNCISL88  SNCISL89  SNCISL90  SNCISL91  SNCISL92  SNCISL93  SNCISL94  SNCISL95  SNCISL96  SNCISL97  SNCISL98  SNCISL99  SNCISL00

**SECTION 2: DÉTAILS DE LA MODIFICATION**

Objet de la modification: \_\_\_\_\_

Date de la modification: \_\_\_\_\_

**SECTION 3: SIGNATURES**

Signature du représentant légal: \_\_\_\_\_

Signature du déclarant: \_\_\_\_\_

**SECTION 4: ADRESSES**

Adresse de la société: \_\_\_\_\_

Adresse du déclarant: \_\_\_\_\_

**SECTION 5: AUTRES INFORMATIONS**

Présence de salariés:  oui  non

Secondaire:  oui  non

Changement de nature:  oui  non

Établissement secondaire:  oui  non

Établissement dans ce département:  oui  non

Établissement dans ce pays:  oui  non

Elle leur garantit un droit d'accès et de rectification pour les données les concernant auprès des organismes destinataires de ce formulaire.





**DECLARATION RELATIVE AUX DIRIGEANTS ET AUX AUTRES PERSONNES LIEES A L'EXPLIATION**

**PERSONNE MORALE**

NE COMPORTANT PAS D'ASSOCIE INDETERMINET ET SOLIDAIEMENT RESPONSABLE SA, SAS, SARL, SOCIETE CNRL

REPLIR DANS TOUTES LES CAS, A MOINS QU'IL NE S'AGISSE D'UNE SOCIETE A RESPONSABILITE LIMITEE, POUR CHAQUE PERSONNE PRECISEE ICI (COMMISSAIRE AUX COMPTES, A LA CSE, ADMINISTRATEUR, DIRECTEUR GENERAL, ETC.)

**BIEN ETRE DE LA SOCIETE**

1. NATURE DE LA SOCIETE (Société anonyme, Société à responsabilité limitée, Société en commandite par actions, Société en commandite simple, Société de personnes, Société de fait, etc.)

2. DUREE DE LA SOCIETE (Date de création, Date d'expiration de la durée, etc.)

3. OBJET SOCIAL (Activité principale, Activités secondaires, etc.)

4. CAPITAL SOCIAL (Montant, Monnaie, etc.)

5. FORME JURIDIQUE (Société anonyme, Société à responsabilité limitée, etc.)

6. IDENTIFICATION DES DIRIGEANTS (Nom, Prénom, Adresse, etc.)

7. IDENTIFICATION DES AUTRES PERSONNES LIEES (Nom, Prénom, Adresse, etc.)

8. DECLARATION DE LA SOCIETE (Vérité des informations, etc.)

9. DECLARATION DES DIRIGEANTS (Vérité des informations, etc.)

10. DECLARATION DES AUTRES PERSONNES LIEES (Vérité des informations, etc.)

11. SIGNATURES (Société, Dirigeants, Autres personnes liées)

12. DATE DE DEPOS (Date de dépôt du formulaire)

13. LIEU DE DEPOS (Lieu de dépôt du formulaire)

14. REMARQUES (Autres informations pertinentes)

LES SOCIETES STRANIERES ET LES SOCIETES ETANGERES

1. NATURE DE LA SOCIETE (Société étrangère, Société étrangère à responsabilité limitée, etc.)

2. DUREE DE LA SOCIETE (Date de création, Date d'expiration de la durée, etc.)

3. OBJET SOCIAL (Activité principale, Activités secondaires, etc.)

4. CAPITAL SOCIAL (Montant, Monnaie, etc.)

5. FORME JURIDIQUE (Société étrangère, Société étrangère à responsabilité limitée, etc.)

6. IDENTIFICATION DES DIRIGEANTS (Nom, Prénom, Adresse, etc.)

7. IDENTIFICATION DES AUTRES PERSONNES LIEES (Nom, Prénom, Adresse, etc.)

8. DECLARATION DE LA SOCIETE (Vérité des informations, etc.)

9. DECLARATION DES DIRIGEANTS (Vérité des informations, etc.)

10. DECLARATION DES AUTRES PERSONNES LIEES (Vérité des informations, etc.)

11. SIGNATURES (Société, Dirigeants, Autres personnes liées)

12. DATE DE DEPOS (Date de dépôt du formulaire)

13. LIEU DE DEPOS (Lieu de dépôt du formulaire)

14. REMARQUES (Autres informations pertinentes)

Elle leur garantit un droit d'accès et de rectification pour les données les concernant auprès des organismes destinataires de ce formulaire.











M3-A  N°1183'01

**DECLARATION RELATIVE AUX DIRIGEANTS  
ET AUX AUTRES PERSONNES LIEES A L'EXPLOITATION**

**PERSONNE MORALE**

NE COMPORTANT PAS D'ASSOCIE INDEFINIMENT ET SOLIDAIREMENT RESPONSABLE SA, SAS, SARL, SOCIETE CIVILE

DEMANDE

INTERCAUSITE

NON INTERCAUSITE

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Le jour garanti un droit d'accès et de rectification pour les données les concernant auprès des organismes destinataires de ce formulaire.

