

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.		12/03/2011	CORPORATION: FRANCE
RECEIVING PARTY DATA			
Name:	EUGENE PERMA FRANCE		
Street Address:	Batiment C/D, 10 rue James Watt		
City:	SAINT DENIS		
State/Country:	FRANCE		
Postal Code:	93200		
Entity Type:	CORPORATION: FRANCE		
PROPERTY NUMBERS Total: 1			
Property Type	Number	Word Mark	
Registration Number:	1772157	SOLARIS	
CORRESPONDENCE DATA			
Fax Number:	3124276663		
<i>Correspondence will be sent to the e-mail address first; if that is unsuccessful, it will be sent via US Mail.</i>			
Phone:	312-427-1300		
Email:	chiustm@ladas.net		
Correspondent Name:	Chloe A. Hecht		
Address Line 1:	224 S. Michigan Avenue		
Address Line 2:	Suite 1600		
Address Line 4:	Chicago, ILLINOIS 60604		
ATTORNEY DOCKET NUMBER:	4T13649885		
DOMESTIC REPRESENTATIVE			
Name:			
Address Line 1:			

Address Line 2:
Address Line 3:
Address Line 4:

NAME OF SUBMITTER:

Chloe A. Hecht

Signature:

/Chloe A. Hecht/

Date:

04/07/2013

Total Attachments: 8

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DECLARATION DE MODIFICATION

PE 67550 003359 5

Form with checkboxes for 'L'ENTREPRISE', 'L'ETABLISSEMENT', and 'Autres modifications'. Includes fields for RCS numbers and dates.

QUELLE QUE SOIT LA FORMALITE, LES RUBRIQUES SUR FOND ROUGE DOIVENT OBLIGATOIREMENT ETRE REMPLIES...

Main form section containing 'IDENTIFICATION', 'SIÈGE', 'FORME JURIDIQUE', 'PRINCIPALES ACTIVITES DE L'ENTREPRISE', and 'NOM COMMERCIAL'.

Vertical text on the right side of the main form section, including '1° liasse CFE copie' and '2° liasse RCS/RM REBA/RS4'.

Section 'SI LA FORMALITE CONCERNE UN ETABLISSEMENT' with sub-sections for 'ETABLISSEMENT CONCERNE' and 'ANALYSE DE LA MODIFICATION INTERVENUE'.

Vertical text on the right side of the establishment section, including '3° liasse RCS/RM REBA/RS4' and '4° liasse PMS/PMI'.

Section 'ACTIVITES EXERCISEES' and 'ACTIVITES SECONDAIRES' with checkboxes for permanent, seasonal, and other activities.



Handwritten date '28/06/2012' and signature.

Final section 'LE SOUSSIGNÉ' with fields for 'Euroformalités', 'demande d'INSCRIPTION', and 'TRADEMARK'.

M2 No. 90-0195
 Declaration presented to the CFE on
 reserved for the competent CFE

DECLARATION OF MODIFICATION

LEGAL ENTITIES

- of the COMPANY: IDENTIFICATION CHARACTERISTICS MANAGERS TRANSFER OF HEAD OFFICE DISSOLUTION
- of the ESTABLISHMENT: OPENING IDENTIFICATION MANAGERS ACTIVITIES CLOSING
- Other modifications (to be specified, if any):

Amended decree No. 81-257 of March 18, 1981 creating company formally centers

TCR 322584723 RCS PARIS
 Trade and Companies Register SIREN 322584723 RM 81B8109
 Credits Register

G7550 003359 5

emitted corporate doc:
 emitted interpolate sheets:

IDENTIFICATION / if need be NEW IDENTIFICATION on: 12/03/01
PREVIOUS IDENTIFICATION in case of Modification:
 DENOMINATION: EUGENE PERMA S.A. SIGN

HEAD OFFICE (or if transfer, new head office): ADDRESS including if necessary the IDENTITY OF THE PAYING AGENT (Full name or Denomination):
6 RUE D'ATHENES, 75009 PARIS
 SIRET No. 322 584 723

LEGAL FORM: SA
MAIN ACTIVITIES OF THE COMPANY: *manufacturing, packaging, purchase, import, export, sale, commission of products and articles of hygiene and perfumery*
 date of modification: _____
 date of modification: _____

TRADE NAME: _____
CAPITAL amount: _____ FE, or if company with variable capital, minimum amount: HF.
DURATION of the legal entity: _____ years; if company obliged to make public its accounts, DATE OF CLOSING of business year.
MANAGERS and if need be, DIRECTORS, TITULAR AUDITORS and PARTNERS jointly and indefinitely responsible for the corporate debts, MEMBERS OF THE GIE LIQUIDATORS. For the hereinafter described Establishment, if necessary, People allowed to assume responsibility of the company by signing (AUTHORIZED REPRESENTATIVE(S), JOINT PROPRIETORS OF THE GOODWILL).

FULL NAME _____
DOMICILE _____
or HEAD OFFICE ADDRESS: _____
 previous position _____ present or new position _____
 born on _____ department _____ birthplace _____ nationality _____
 NEW DEPARTING MAINTAINED BUT MODIFIED

FULL NAME _____
DOMICILE _____
or HEAD OFFICE ADDRESS: _____
 previous position _____ present or new position _____
 born on _____ department _____ birthplace _____ nationality _____
 NEW DEPARTING MAINTAINED BUT MODIFIED

FULL NAME _____
DOMICILE _____
or HEAD OFFICE ADDRESS: _____
 previous position _____ present or new position _____
 born on _____ department _____ birthplace _____ nationality _____
 NEW DEPARTING MAINTAINED BUT MODIFIED

List to follow on interpolate sheet(s): YES NO
 List to follow on interpolate sheet(s): YES NO
 List to follow on interpolate sheet(s): YES NO
 List to follow on interpolate sheet(s): YES NO

Announcements which published the appointment of the liquidator(s): _____
In case of TRANSFER of the HEAD OFFICE within the competence of another Court, state the REGISTRAR'S OFFICES where the secondary registrations are eventually recorded:
In case of MODIFICATION of the CAPITAL as a result of a MERGER or of a SCISSION Legal Entities having participated in the operation (Denomination, Legal Form, Head Office Address, TCR No.): _____

Remainder of the company's current TAX SYSTEM
 micro income estimated income simplified real profits normal real profits
 or normal real profits (exclusively for the VAT)
CONDITIONS FOR SETTLING THE VAT, if the company uses:
 - the estimated income, quarterly deposits are: fixed quarterly
 - of the simplified system, the settlements with declaration are: quarterly monthly
 - of the normal real system, the settlements with declaration are: optional monthly quarterly

Address of the main place of business activities:
Address if different from the head office address:

Tax center where the declaration of results or of TCA are filed:

CONCERNED ESTABLISHMENT / and if need be **NEW IDENTIFICATION** on:
ADDRESS: - if different from that of the head office (**MAIN ESTABLISHMENT** if it is the head office)
- if transfer, new address:

SIRET No.:

This establishment is (for the company):
CATEGORIES: head office new main establishment modified suppressed
SIGN (eventually): secondary establishment

PREVIOUS ESTABLISHMENT in case of transfer
PREVIOUS ADDRESS if change resulting from a decision of the town council
ADDRESS:

In case of transfer of the **HEAD OFFICE** or the **ESTABLISHMENT**, SIRET No.:
If an employee is not anymore employed, date: Maintenance of an activity at the previous head office: YES NO

ANALYSIS OF THE ENTERED MODIFICATION

In case of **OPENING** of the establishment, of **MODIFICATION OF THE MODE OF EXPLOITATION**, of **ADDITION** of an **ACTIVITY**, specify the date of modification: and **ORIGIN:**
 founding activity transfer of activity purchase contribution resumption taking on after management other (specify)
 management leasing leasing

Identity of the **BENEFICIARY** (full name, domicile or denomination, head office address):

Identity of the **PREVIOUS OWNER** (full name or denomination):
TCR or SIREN No.:

If need be, date of cancellation or of modification on the TCR of the previous owner:
In case of **ACQUISITION** of the **GOODWILL** (by **PURCHASE** or **CONTRIBUTION**), state the title and the date of the Journal of Legal Announcements which published the assignment:
In case of **TAKING ON MANAGEMENT LEASING**, state the duration of the contract: from to and if it is renewable by tacit renewal: YES NO

Identity of the **GOODWILL LESSOR** (full name, domicile or denomination, Head Office Address):
ACTIVITIES exercised in this establishment on the date of the formality: sedentary non sedentary travelling as a result of beginning modification end of the business activities

MAIN ACTIVITY:

SECONDARY ACTIVITIES:
Specify the **GOODS MANUFACTURED, SOLD OR EXTRACTED:**

To fill in in the event of start or modification of exploitation
NATURE OF THE ACTIVITIES: building construction public works extraction manufacture assembly repair transportation import-export wholesale trade retail trade the professions
PLACE OF EXERCISE: farmer mine, quarry factory, warehouse shop, surface m² office on work sites on markets to customers
EXERCISE: other (specify): workshop

SALARIED STAFF of the establishment: /if the modification(s) declared (schmide(s) with the hiring of a first salaried employee or the stoppage of employment of any salaried employee specify the date:
In the event of hiring: the first salaried employee: number of: women: minors: home workers: handicapped persons: salaried employees of 65 years old and over: multiproduct representatives: apprentices under contract: spouse:
Possible observations from the declarant or other modification(s): **UNREADABLE** date of modification:

PERMANENT ADDRESS: HEADQUARTERS

The undersigned: **EUROFORMALITES, 142 Avenue de Paris, 94306 VINCENNES FILE 11 191**
requests that this document constitute an application for **REGISTRATION** on the TCR on the CR on the RSAC on the REBA
for **CANCELLATION** on the TCR on the CR on the RSAC on the REBA .

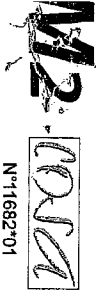
(name in full, position and address)

and declaration for the Tax Offices, for the Social Security Organizations, for the INSEE and if it is or ceases to be an **EMPLOYER**, to the Work Inspection and to the **ASSEDIC**.

Done in: **VINCENNES**
on: **12/26/2011**
signature(s): (signed)

SEAL FROM THE FRENCH PATENT AND TRADEMARK OFFICE (INPI)

FOR CERTIFIED TRUE COPY
AT THE R.N.C.S.
PARIS, June 28, 2012 (signed illegible)
FOR THE GENERAL MANAGER OF THE INPI
THE HEAD OF DIVISION



N°11682*01

DECLARATION DE MODIFICATION

PERSONNE MORALE

Dénomination, forme juridique, capital
 Déclaration relative à un établissement : (ouverture, modification, transfert, mise en location gérance, fermeture)
 Reprise d'activité
 Transfert du siège
 Dissolution

Prise d'activité d'une société créée sans activité
 Cessation totale d'activité sans disparition de la personne morale
 Aute
 GIE - GEIE

REEMPLIR DANS TOUS LES CAS les cadres n° 1, 2, 17, 18 ET LES MENTIONS NOUVELLES OU MODIFIEES en indiquant la date de l'événement

RAPPEL D'IDENTIFICATION AVANT MODIFICATION

N° UNIQUE D'IDENTIFICATION | 3. 2. 2. 5. 8. 4. 7. 2. 3
 IMMATRICULATION AU RCS DU GREFFE DE PARIS
 AU RM DANS LE DEPT. DE _____
 Greffe(s) du ou des immatriculation(s) secondaire(s) Toulouse, Nantes, Strasbourg et Lyon.

Dénomination / Sigle EUGENE PERMA FRANCE
 Forme Juridique Societe anonyme
 Siège ou 1er établissement en France pour les sociétés étrangères :
 rés., bât., n., voie, lieu dit 6 rue d'Athènes, 75009 Paris
 Code Postal _____ Commune _____

DECLARATION RELATIVE A LA MODIFICATION DE LA PERSONNE MORALE

Date _____
DENOMINATION _____
Sigle _____
 Forme juridique _____
 Société réduite à un associé unique
 Durée de la personne morale _____
 Date de clôture de l'exercice social _____
 Nom commercial _____
 Capital : montant, unité monétaire _____
 Si capital variable : Montant minimum _____
 Continuation de la société malgré un actif net inférieur à la moitié du capital social
 Reconstitution des capitaux propres _____

5 Personnes morales ayant participé à l'opération : _____
 Fusion Scission. Cette opération entraîne une augmentation de capital
6 **Dissolution.**
 Indiquer le liquidateur au cadre 16. Dans le cas de fermeture d'établissements(s), remplir cadre 8
 Nom du journal d'annonces légales _____ Date de parution _____
 Adresse de liquidation : siège adresse du liquidateur autre : _____
 Suite sur intercalaire M.

DECLARATION RELATIVE A UN ETABLISSEMENT

Cette demande concerne UNE OUVERTURE UNE MODIFICATION UN TRANSFERT UNE MISE EN LOCATION GERANCE UNE FERMETURE
 Date 01/01/2011 **ANCIEN ETABLISSEMENT** : Siège Etablissement principal
 Siège-Etablissement principal Etablissement secondaire Premier établissement en France d'une société étrangère
 Adresse : rés., bât., n., voie, lieu dit (Si différente de celle du cadre 2) _____ 6 rue d'Athènes
 Code postal 75009 Commune Paris

ETABLISSEMENT TRANSFERE OU FERME
POUR UN TRANSFERT : Destination Fermé Vendu Autre _____
 Si maintien d'une activité, de ce fait, l'établissement est : Siège Principal Secondaire
POUR UNE FERMETURE : Destination Supprimé Vendu Autre _____
 Suite sur intercalaire M.

ETABLISSEMENT CREE OU MODIFIE

Date 01/01/2011 **ADRESSE** : rés., bât., app., étage, n., voie, lieu dit 10 rue James Watt
 Bâtiment C/D
 Code postal 93200 Commune Saint-Denis
 Contrat de domiciliation : Nom du domiciliaire _____
 N° unique d'identification _____

POUR UN ETABLISSEMENT MODIFIE :
 Il devient Principal Secondaire (seulement si changement de nature).
POUR UN ETABLISSEMENT CREE : Siège Siège - Etablissement principal
 Etablissement principal Etablissement secondaire, dans ce cas, est-il permanent
 et dirigé par une personne ayant le pouvoir de lier des rapports juridiques avec les tiers oui non

RESERVE AU GEE M G U I D B E F H J K T
 Déclaration n° C 930400204
 reçue le 16/01/11 transmise le 16/01/11

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

01/01/1992
ACTIVITE : Permanente Saisonnière / Ambulant
(Sociétés exerçant) Conception et commercialisation de produits cosmétiques (entreretien et hygiène des cheveux) & formation.
Parmi ces activités, indiquer la plus importante Commercialisation produits

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 Intermed. 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
01/01/1992 Enseigne : EUGENE PERMA

Date : 01/01/1992
MISE EN LOCATION-GERANCE Totale du fonds Une partie du fonds, laquelle :
Etablissement : Principal Secondaire Locataire-gérant : nom, prénoms/dénomination :
FONDS DONNE EN LOCATION GERANCE

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

POUR LA SARL DECLARATION SOCIALE A compléter par le volet social TNS pour le gérant majoritaire - associé unique

DECLARATION RELATIVE AU DIRIGEANT Suite sur intercalaire(s) W pour les associés indéfiniment et solidairement responsables.
POUR DECLARATION DE MODIFICATION Nouveau Partant Remplir 15bis
 Modification situation personnelle Maintenu ancienne qualité

QUALITE
Pour les sociétés commerciales, l'intéressé peut-il engager seul la société ? oui non
Nom de naissance _____ Prénom _____
Né(e) le _____ à _____ Nationalité _____
Dénomination, forme juridique _____
Domicile / Siège _____
Code postal _____ Commune _____

Pour une personne morale Lieu et n° d'immatriculation _____
OBSERVATIONS :
RENSEIGNEMENTS COMPLEMENTAIRES

Adresse de correspondance Déclaré au cadre n° 9 Autre Direction juridique, N. Williams
Code Postal _____ Commune _____
Le présent document constitue une demande de modification au RCS. Les cas échéant au RM, et vous déclarez, aux organismes de sécurité sociale, au INSEE, au SIVU et à l'inspection du travail qu'il est conforme aux indications inscrites, ou incomplètes, exposées, des sanctions pénales pouvant être refusées à l'emprunt ont été prises.

LE REPRESENTANT LEGAL
LE MANDATAIRE ayant procuration
AUTRE PERSONNE justifiant d'un mandat
M. Didier Martin, Président Directeur Général, demeurant 3 bis rue de l'ermilage 95160 Montmorency
Certifie l'exactitude des renseignements donnés
Faill à PARIS le 08/12/2010
Noms de naissance, d'usage, prénom / dénomination et forme juridique
voté(s) TNS

ORIGINE POUR UN FONDS DE COMMERCE OU ARTISANAL :
 Création, passez directement au cadre suivant
 Achat Prise en location gérance
Précédent exploitant : n° unique identification _____ Autre _____
Nom de naissance / Dénomination _____
Nom d'usage _____ Prénoms _____
Achat, apport : Journal d'annonces légales, date de parution _____
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 _____
Code postal _____ Commune _____

EFFECTIF SALARIE de l'établissement créé : 254 Date d'embauche du 1er salarié : _____
Total effectif salariés de l'entreprise 259 dont : _____ apprentis 63 IVRP
Salariés présents dans l'établissement oui non
Code postal _____ Commune _____

14 Si gérant majoritaire partant ou modifié : N° SS _____ Dépt. _____
Caisse d'assurance maladie TNS _____
Caisse de retraite _____
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 _____ Prénom _____
Nom d'usage _____
Né(e) le _____ à _____ Nationalité _____
Domicile _____
Code postal _____ Commune _____

15 PARTANT Noms de naissance, d'usage, prénom / dénomination et forme juridique
Code postal _____ Commune _____

Telephone(s) 01.55.84.60.13
Fax / e-mail 06.70.10.32.16

SIGNATURE
Directeur de la feuille séparée

M2 **cosa**

No. 1168201

DECLARATION OF MODIFICATION

LEGAL ENTITY

reserved for the CHE M G U I D B E F H J K T
Declaration No. C 93011002011
Received 01/05/2012 transmitted on 01/06/2011

- Name, legal form, capital Transfer of head office
- Declaration relating to an establishment: (opening, modification, transfer, offering for management leasing, closure) GIE - GEIE
- Resuming activities Dissolution Other

FILL IN IN ANY CASE all of the boxes Nos. 1, 2, 17, 18 AND THE NEW OR AMENDED MENTIONS by indicating the date of the event.

REMINDER OF THE IDENTIFICATION PRIOR TO MODIFICATION

- 2** SOLE IDENTIFICATION No. 322584723
- REGISTRATION IN THE TOR OF THE COURT REGISTRY OF PARIS
- ON THE CRAFTS REGISTER IN THE DEPARTMENT OF _____
- Court Registry(ies) for secondary registration(s) TOULOUSE, NANTES, STRASBOURG AND LYON

Name / Sign EUGENE PERMA FRANCE

Legal Form SA

Head office or 1st Establishment in France for foreign companies:
building, no., street, 6 RUE D'ATHENES

Post Office 75009 District PARIS

Designation of the tax center where the last VAT and income declarations were filed _____

DECLARATION RELATIVE TO THE MODIFICATION OF THE LEGAL ENTITY

- 3** Date _____
- NAME _____ Sign _____

- 5** Merger Scission. This operation results in a capital increase.
- Legal entities having participated in the operation: _____

- 4** Legal Form _____
- Company reduced to a sole partner
- Duration of the legal entity _____
- Closure date of business year: _____
- Trade name _____

6 **Dissolution**

Indicate the liquidator in box 15. In the event of a closure of establishment, fill in box 8

Name of the journal of legal notices _____ Publishing date _____

Liquidation address: head office address of the liquidator other: _____

Continuation on Interpolate Sheet M'

DECLARATION RELATIVE TO AN ESTABLISHMENT

- 7** This application concerns AN OPENING A MODIFICATION A TRANSFER AN OFFERING FOR MANAGEMENT LEASING A CLOSURE

TRANSFERRED OR CLOSED ESTABLISHMENT

- 8** 01/01/2011 FORMER ESTABLISHMENT: Head office Main establishment
- Head office -Main establishment Secondary establishment First establishment in France of a foreign company
- Address: building, no., street (if different from box 2), 6 RUE D'ATHENES

IN CASE OF A TRANSFER: Purpose Closed Sold Other _____

If an activity is maintained, therefore, the establishment is a: Head office Main establishment Secondary establishment

IN CASE OF A CLOSURE: Purpose Deleted Sold Other _____

Continuation on Interpolate Sheet M'

MODIFIED OR FOUNDED ESTABLISHMENT

- 9** Date 01/01/2011 Address: building, no., street, 10 RUE JAMES WATT
- Building C/D _____
- Post Office 93200 District SAINT-DEWIS
- Domiciliation contract: Name of paying agent _____
- Sole Identification No. _____

IN CASE OF A MODIFIED ESTABLISHMENT: Presence of salaried staff Yes No

becomes Main establishment Secondary establishment (only if change of nature)

IN CASE OF A FOUNDED ESTABLISHMENT: Head office Head office -Main establishment

Main establishment Secondary establishment, in this case it is a sedentary establishment managed by someone who is empowered to have legal relationships with third parties Yes No

SEAL FROM THE
FRENCH PATENT AND
TRADEMARK OFFICE
(INPI)

THE HEAD OF DIVISION 10 01/01/2011 ACTIVITY: sedentary non sedentary / traveling
 Activity(ies) exercised **MARKETING AND DESIGN OF COSMETICS PRODUCTS (CARE AND HYGIENE OF THE HAIR AND TRAINING)**

Among such activities, indicate the most important one _____
 For such activity, specify the nature thereof by checking *only one box*:
 Its nature: Retail trade Transportation Service provision Import-export
 Wholesale trade or trade intermediate Manufacture, production The professions
 Rent, of furnished flats Assembly, installation Repair
 building construction, public works Extraction Other _____
 Its place of exercise: _____ m²) Office, firm On markets
 To customers Factory Workshop Warehouse
 On work sites Mine, quarry Other _____
 The main activity of this establishment becomes the main activity of the company Yes No
 In case of modification of the activity, it results from the:
 addition of an activity partial deletion of an activity by: Disappearance Sale Taking over by the owner Other:
 01/01/2011 _____ Sign: EUGENE PERMA _____

13 OFFERING FOR MANAGEMENT-LEASING The whole business A part of the business, which _____
 Address: building, no., street _____ Management-leasing: full name/name: _____
 Main establishment Secondary establishment

14 THE NATURE OF THE MANAGEMENT IS MODIFIED Yes No If yes, it becomes:
 EGALITARIAN/MINORITY MANAGEMENT a company is associated thereto
 MAJORITY MANAGEMENT, if the spouse is associated thereto, he/she participates in the activity without being paid Yes No

15 IN CASE OF DECLARATION OF MODIFICATION _____ New Departing
 CAPACITY Modification of personal status Maintained former capacity _____
 For business companies, can the interested party commit the company on his own Yes No
 Birth name _____
 Name in use _____ in _____ Nationality _____
 Born on _____ First _____
 Name, legal form _____
 Domicile / Head Office _____
 Post office _____ District _____
 When a legal entity, Place and registration No. _____

16 OBSERVATIONS:
 Correspondence address Declared in box No. 9 _____ Other LEGAL EXECUTIVE: N. WILLIAMS
 Post Office _____ District _____

17 This document constitutes an application for modification on the TCR, on the CR if need be, and declaration for the Tax Offices, for the Social Security Organizations, for the INSEE and if need be, for the Work Inspection.
 Whomsoever gives in bad faith inaccurate or incomplete indications is punishable with imprisonment.

18 THE LEGAL REPRESENTATIVE full name/name and address
 THE ATTORNEY with proxy M. Didier Martin, CHAIRMAN AND MANAGING DIRECTOR
 ANOTHER PERSON being concerned residing, 3 BIS RUE DE L'ERMITAGE, 95160 MONTMORENCY

SEAL FROM THE FRENCH PATENT AND TRADEMARK OFFICE - (INPI)

11 ORIGIN FOR A BUSINESS:
 Foundation, go directly to the following box
 Purchase Taking in management/leasing Other _____
 Previous owner: sole identification No. _____
 Birth name / Name _____ First names _____
 Name in use _____
 Purchase, contribution: Journal of legal notices, publishing date _____
 Name of Journal: _____
 Management-leasing: contract dated as of _____ to _____
 Renewal by tacit renewal yes no
 Lessor of the business: if different from previous owner
 Birth name / Name _____ First names _____
 Name in use _____
 Domicile / Head Office _____ District _____
 Post Office _____

12 SALARIED STAFF of the establishment founded: 259, hiring date of the first salaried employee _____
 Total amount of salaried staff of the company 259 of which _____ apprentices _____ multi-product representatives _____

14a In case of a departing or modified majority manager: Social Security No. _____ Department _____
 State health department office INS _____
 Pension fund _____

15a DEPARTING Birth name, name in use, first names / Name and legal form _____

15a REPRESENTATIVE OF THE DIRECTING LEGAL ENTITY (only when a text provides therefor)
 In case of modification of the representative New Departing fill in 15a Modification of personal status
 Birth name _____ First names _____
 Name in use _____ in _____ Nationality _____
 Born on _____
 Domicile _____
 Post office _____ District _____

SUPPLEMENTARY INFORMATION
 Telephone(s) 01.53.84.60.13
 Fax / e-mail 06.70.10.32.16
 Certifies the accuracy of the information given
 Done in PARIS On 12/08/2010
 Number of interpolate sheets) 1 TNS 1
 SIGNATURE [signed illegible]
 Sign each sheet separately

SEAL FROM COMMERCIAL COURT OF
BOBIGNY (SEINE-ST-DENIS) INPI January
18, 2011

FOR CERTIFIED TRUE COPY
AT THE R.N.C.S.
LILLE, December 10, 2012 (signed illegible)
FOR THE GENERAL MANAGER OF THE INPI
THE HEAD OF DIVISION