

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Registration of :
:
Registrant: Laurent-Perrier :
:
Registration No.: 1,632,517 :
: **BOX:**
Registered: January 22, 1991 :
:
Mark: GRAND SIECLE ALEXANDRA :
:
Attorney Docket No.: 032488-004 :
:
_____ :

Honorable Assistant Commissioner for Trademarks
The U.S. Patent and Trademark Office
2900 Crystal Drive
Arlington, Virginia 22202-3513

Sir:

DOMESTIC REPRESENTATIVE

Burns, Doane, Swecker & Mathis, L.L.P., Post Office Box 1404, Alexandria, Virginia 22313-1404 is hereby designated registrant's domestic representative upon whom notices or process in proceedings affecting the mark may be served.

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Registration of :
: :
Registrant: Laurent-Perrier :
: :
Registration No.: 900,921 :
: BOX:
Registered: October 13, 1970 :
: :
Mark: LAURENT PERRIER :
: :
Attorney Docket No.: 032488-003 :
: :

Honorable Assistant Commissioner for Trademarks
The U.S. Patent and Trademark Office
2900 Crystal Drive
Arlington, Virginia 22202-3513

Sir:

DOMESTIC REPRESENTATIVE

Burns, Doane, Swecker & Mathis, L.L.P., Post Office Box 1404, Alexandria, Virginia 22313-1404 is hereby designated registrant's domestic representative upon whom notices or process in proceedings affecting the mark may be served.

La loi n° 78-17 du 6 Janvier 1978 relative à l'Informatique, aux fichiers et aux bases de données, garantit un droit d'accès et de rectification pour les données les concernant. Les déclarants et les destinataires des données peuvent, dans certains cas, être informés.

ETABLISSEMENT CONCERNE et le cas échéant **NOUVELLE IDENTIFICATION** au :
- en cas de transfert, nouvelle adresse
- en cas de transfert, nouvelle adresse
ADRESSE
ANCIEN ETABLISSEMENT en cas de transfert
ANCIEN LIBELLÉ DE L'ADRESSE si changement par décision du conseil municipal
ADRESSE

N° SIRET :
nouveau modifié supprimé
établissement principal établissement secondaire
siège
ENSEIGNE

ANALYSE DE LA MODIFICATION INTERVENUE
En cas d'OUVERTURE de l'établissement, de MODIFICATION DU MODE D'EXPLOITATION, d'ADJONCTION D'ACTIVITÉ, préciser : et ORIGINE :
DATE de la modification :
 création achat reprise après loc. gérance mise en location gérance autre (préciser)
 transfert d'activité apport reprise par le propriétaire autre (préciser)
 disposition vente apport mise en location gérance autre (préciser)
 cessation d'emploi de tout salarié, date :
Mention d'une autre à l'ancien siège : OUI NON

IDENTITÉ DU BÉNÉFICIAIRE
Nom, prénom, adresse et date de naissance, adresse de siège
et s'il est renouvelable par tacite reconduction : OUI NON

ACTIVITÉS EXERCÉES dans cet établissement au jour de la formalité :
permanentes saisonnières ambulantes
/ suite à d'exploitation

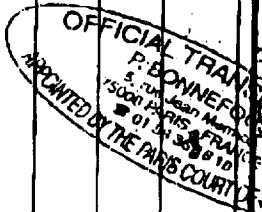
CIVILITÉ PRINCIPALE :
CIVILITES SECONDAIRES :

Observations éventuelles du déclarant ou autre(s) modification(s) :
DATE de la modification

DRESSE PERMANENTE :
nom, prénom, adresse, activité, lieu, hor.
adresse distributeur ou code
type

E SOUSSIGNÉ :
P. Gillet Le Caro - CSEA - 5 rue Beaumont
demande d'inscription au RCS au REBA de radiation au RCS au RIM au RSAC au REBA
déclaration aux Services Fiscaux, aux Organismes de Sécurité Sociale, à l'INSEE, et s'il est ou cesse d'être EMPLOYEUR, à l'Inspection du Travail et à l'ASSEDEC

Signature :
Paris 10 06 99
P. Gillet Le Caro



RECEIVED TIME JAN. 17. 9:58AM

PRINT TIME TRADEMARK

REEL: 002325 FRAME: 0396

AGENCE BILISTADUCTION

100, rue Jean Mermoz 006 PARIS
Téléphone: 01 58 36 18 18
Télécopieur: 01 58 36 18 19
N° de déclaration: 01 58 36 18 19

I, the undersigned, sworn translator, do certify that the foregoing is a faithful translation made, in the English language, in conformity with the original in the French language, which we have viséed with N° 3099.66. "ne varietur" Paris, _____

OFFICIAL TRANSLATOR (H)
P. BONNEFOUS
5, rue Jean Mermoz
75008 PARIS - FRANCE
Tel: 01 58 36 18 18
POINTED BY THE PARIS COURT OF APPEAL

M' TRANSLATED FROM THE FRENCH

Reference number with the RCS (Corporate Registry): B 335 680 096
Name or Designation: LAURENT-PERRIER

REGISTRAR OF THE COURT OF: REIMS
REGISTRAR CODE: 51.03

CORPORATE REGISTRY

REGISTRATION MAIN ENTRY ADDITIONAL RECTIFICATION
 SECONDARY MODIFYING WITHDRAWAL
Registrar Reception Date: June 11, 1999 Registrar Reception N°: 2550

NOTE: The Registrars and the Institut National de la Propriété Industrielle (National Institute of Industrial Property) are compelled to and are the only parties authorized to issue, to any party requesting such certificates, copies or excerpts of entries performed in the Registry and documents filed in appendix thereto, with exception made for entries of withdrawal which are notified in the conditions set down by the (September 24, 1984) Order as detailed in Article 88 (Decree N° 84-406 of May 30, 1984, Article 67).

DOCUMENTS-IN-PROOF: 1 - 16 - 29 - 30
ACTIVITIES COVERED (Exhibit N° 24):
ARTICLES OF INCORPORATION FILED ON: JUNE 11, 1999
REGISTRAR'S REMARKS:

The conformity of the statements appended hereto with the documents-in-proof shown in compliance of the regulations has been verified by the undersigned Registrar who has, consequently, performed the entry described hereinabove.
DATE OF THE ENTRY:
Certified, the Registrar.

SQUARE RESERVED FOR THE NATIONAL CORPORATE REGISTRY

(STAMP OF THE COMMERCIAL COURT OF REIMS, FRANCE)
a signature
June 11, 1999

(STAMP OF THE COMMERCIAL COURT OF REIMS, FRANCE)
a signature
For certified and accurate issuing
The Associated Registrar

CHAMBER OF TRADE
OF:

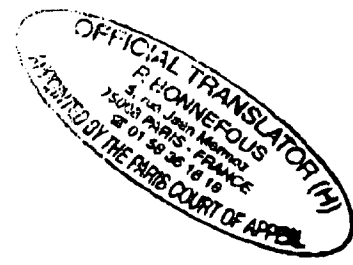
Space reserved for the registrar
Registration Number RM: Siren N° Management Number RM
Name or Designation

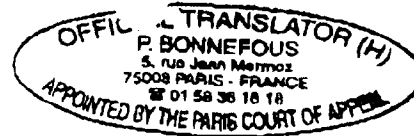
TRADE INDEX

<input type="checkbox"/> REQUEST FOR REGISTRATION <input type="checkbox"/> REGISTRATION OF MENTION OF JOINT COLLEAGUE (PHYSICAL PERSONS ONLY)	<input type="checkbox"/> DECLARATION OF CHANGEMENT	<input type="checkbox"/> DEMAND FOR CANCELLATION <input type="checkbox"/> CANCELLATION OF MENTION OF JOINT COLLEAGUE (PHYSICAL PERSONS ONLY)
--------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------

INTRODUCTION TO MANAGEMENT <small>(Article 2 of December 23, 1982 Act)</small> Certificate - date of delivery: Exemption - reason for the exemption	IN CASE OF A DECISION OF THE PRESIDENT OF THE CHAMBER OF TRADE <small>(article 11 of the June 10, 1983 Decree)</small> Date of Filing of the demand: Demand for further information: Furnishing of required information: Final date of the President's decision: PRESIDENT'S DECISION P.V. N° Date: <input type="checkbox"/> Agreement <input type="checkbox"/> Rejection	IN CASE OF TRANSITION TO COMMISSION OF THE TRADE INDEX <small>(articles 12 and 13 of the June 10, 1983 Decree)</small> Date of Sending to Commission of the Trade Index Date of Notice: Payment of fees: in French francs <input type="checkbox"/> cash <input type="checkbox"/> bank cheque <input type="checkbox"/> postal cheque Registry Reference Posted on: At:
DOCUMENTS IN PROOF:		

The concordance of the declarations attached hereto with the documents furnished as proof in accordance with procedure has been verified by us DATE OF REGISTRATION THE PRESIDENT OF THE CHAMBER OF TRADE:		SPACE RESERVED FOR THE NATIONAL INSTITUTE OF INDUSTRIAL PROPERTY	
------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--	------------------------------------------------------------------	--





M: cerfa
N° 90-0101
Déclaration (100) mod. 272
M
May 11,
1999

DECLARATION OF MODIFICATION

OF CO.: IDENTITY CHARACTERISTICS MANAGEMENT HQ TRANSFER DISSOLUTION
AND/OR ADDITIONAL IDENTIFICATION

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

OTHER MODIFICATIONS (IF APPLICABLE SPECIFY): TRANSFORM'N OF MAIN PREMISES INTO HQ

CORPORATE ENTITY
required for relevant
authorities
CS102 692127
1
RCS REIMS
Rég. de Commerce

Section 21-297 of Article 18, 181 - Amendé (Including Company's Trading Centre)
NUMBER(S) OF MAIN REGISTRATION
RCS • REIMS • 335 680 096 • RM •
CORPORATE REGISTRY SIREN N° TRADE REPERTORY

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.

1A) IDENTITY, WHERE REQUIRED, NEW IDENTITY AS OF: May 26, 1999
CORPORATE NAME: LAURENT-PERRIER
ACRONYM:

HEAD OFFICES (OR IF TRANSFER, NEW) ADDRESS INCL., IF REQUIRED, AGENT'S GIVEN & FAMILY NAMES OR CORP. NAME):
32, avenue de Champagne
31150 Tours Sur Marne
SIRET N°:

1B) FORMER IDENTIFICATION IN THE EVENT OF MODIFICATION
CORPORATE NAME: VEUVE LAURENT-PERRIER & C°
ACRONYM:

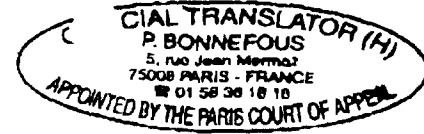
2) LEGAL STRUCTURE: Joint-Stock Company with an Executive Board and a Supervisory Board
WHERE APPLICABLE: SPECIAL STATUS • DATE OF MODIFICATION •
MAIN ACTIVITIES OF COMPANY: ANIMATION OF THE COMPANIES THAT IT CONTROLS ON AN EXCLUSIVE OR JOINT BASIS
SALARIED PERSONNEL OF THE COMPANY: 9
ON THE DAY OF THE APPLICATION • DATE OF MODIFICATION •

3) BUSINESS NAME:
CORPORATE CAPITAL: 18,556,684.40 EUROS
• FRF OR OTHER • OR IN THE EVENT OF VARIABLE CAPITAL THE MINIMAL AMOUNT • DATE OF MODIFICATION •
CORP. TERM: 99 YRS.; IF OBLIGATION TO PUBLISH, ACCTS. CLOSED ON March 31st
• MONTH • DAY • DATE OF MODIFICATION •

4) MANAGERS &, IF APPLIC., DIRS., AUIDS. & ASSOC, SEP. & JOINTLY LIABLE FOR CO. DEBTS, INTERCO. PARTNERS, LIQUIDATORS FOR ESTABLISHMENT, DESCRIBE, IF ANY, PERSON(S) HAVING CO. SIGNATURE [AUTH. REP(S.)], JOINT OWNERS OF BUSINESS.

FULL (OR) CORPORATE NAME DUMONT, Yves	NEW <input type="checkbox"/>	LEAVING <input type="checkbox"/>	WITH MODIFICATION <input type="checkbox"/>
DOMICILE 6, rue Lalo - 75016 Paris			
OR HQ ADDRESS: Chairman of the Executive Board • FORMER POST, IF ANY •	27/04/50 • DATE OF BIRTH •	7X St Germain en Laye • PLACE •	French • NATIONALITY •
			May 10, 1999 • DATE OF MODIFICATION •
FULL (OR) CORPORATE NAME PEREYRE, Alexandra	NEW <input type="checkbox"/>	LEAVING <input type="checkbox"/>	WITH MODIFICATION <input checked="" type="checkbox"/>
DOMICILE known from the Registrar			
OR HQ ADDRESS: Member of the Executive Board • FORMER POST, IF ANY •	Member of the Executive Board NEW POST • (A) •	• DATE OF BIRTH •	• PLACE •
			• NATIONALITY •
			May 10, 1999 • DATE OF MODIFICATION •
FULL (OR) CORPORATE NAME MENEUX, Stéphanie m.s. De Nonancourt	NEW <input type="checkbox"/>	LEAVING <input type="checkbox"/>	WITH MODIFICATION <input type="checkbox"/>
DOMICILE known from the Registrar			
OR HQ ADDRESS: Member of the Executive Board • FORMER POST, IF ANY •	Member of the Executive Board NEW POST • (A) •	• DATE OF BIRTH •	• PLACE •
			• NATIONALITY •
			• DATE OF MODIFICATION •

LIST TO FOLLOW IN SEPARATE SHEET YES NO



5) IF DISSOLUTION: IF OPERATION CONTINUES FOR CLOSING-OUT: YES NO SPECIFY IN MANAGEMENT SQUARE, REFS OF LIQUIDATOR(S) INDICATE THE TITLE AND ISSUE DATE OF THE LEGAL PUBLICATION WHICH PUBLISHED THE NAMES OF THE LIQUIDATOR(S)

* DATE OF MODIFICATION *

6) IF TRANSFER OF HD. OFFICES TO JURISDICTION OF ANOTHER COMMERCIAL COURT, SPECIFY REGISTRARS WHERE SECONDARY ENTRIES FOUND:

LIST TO FOLLOW IN SEPARATE SHEET YES NO

7) IF MODIF. OF CAP. AFTER MERGER OR SEPARATION CORP. ENTS. TAKING PART (CORP. NAME, LEGAL STRUC., H-O ADDR., CORP. REG. N.):

LIST TO FOLLOW IN SEPARATE SHEET YES NO

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

<p>9A) PREM. CONCERNED & IF APPLIC., NEW ID. AS OF: ADDR. IF DIFFERENT FROM HQ (OR SUCH, IF SAME); IF TRANSFER, NEW ADDR.:</p> <p style="text-align: center;">SIRET N°:</p> <p>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 PREM. <input type="checkbox"/> SECONDARY PREM. <input type="checkbox"/> known from the Registrar SIGN: _____</p>	<p>9B) FORMER ESTABLISHMENT IN THE EVENT OF TRANSFER: FORMER ADDRESS IF CHANGED BY CITY COUNCIL ORDER, ADDRESS:</p> <p>IF TRANSFER OF HQ OR OF PREMISES, SIRET N°:</p> <p>IF ALL STAFF LAID OFF, DATE * * STILL ACTIV. AT FORMER HQ YES <input type="checkbox"/> NO <input type="checkbox"/></p>
------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

ANALYSIS OF THE MODIFICATION

<p>11) IF OPENING OF PREMISES, MODIF. OF MODE OF OPERATION, ADDITION OF ACTIVITY, SPECIFY - & ORIGIN: * DATE OF MODIFICATION * :</p> <p style="text-align: center;"> <input type="checkbox"/> CREA. TION <input type="checkbox"/> ACTIVITY TRANSFER <input type="checkbox"/> PURCHASE <input type="checkbox"/> CONTRIBUTION <input type="checkbox"/> MANAGEMENT LEASE RECOVERY <input type="checkbox"/> MANAGEMENT LEASE-OUT <input type="checkbox"/> OTHER (SPECIFY) </p> <p>IDENTITY OF PRIOR OPERATOR (FAMILY & GIVEN NAMES OR CORPORATE NAME) CORPORATE REGISTRY N° OR SIREN N° IF APPLIC., DATE OF WITHDRAWAL OR OF MODIF. OF CORP. REG. OR THE PRIOR OPERATOR: (THIS MAY BE COMPLETED BY THE REGISTRAR)</p>	<p>12) IF CLOSING OF PREMISES, MODIF. OF MODE OF OPERATION, ADDITION OF ACTIVITY, SPECIFY - & ORIGIN: * DATE OF MODIFICATION * :</p> <p style="text-align: center;">BECOMES SECONDARY ESTABLISHMENT FOR THE ACTIVITY OF FERMENTING</p> <p style="text-align: center;"> <input type="checkbox"/> CLOSING <input type="checkbox"/> ACTIVITY TRANSFER <input type="checkbox"/> SALE <input type="checkbox"/> CONTRIBUTION BY OWNER <input type="checkbox"/> RECOVERY <input type="checkbox"/> LEASE OF MANAGEMENT <input type="checkbox"/> OTHER (SPECIFY) </p> <p>IDENTITY OF NEW OPERATOR: (FAMILY & GIVEN NAMES, DOMICILE OR CORPORATE NAME, HEAD OFFICE ADDRESS)</p>
------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

IF ACQUISITION OF BUSINESS (BY PURCHASE OR CONTRIBUTION), INDICATE TITLE & DATE OF LEGAL PUBLICATION PUBLISHING TRANSFER.
 IF MANAGEMENT-LEASE AGREEMENT, CONTRACT FROM * * TO * * & IF IT IS RENEWABLE BY TACIT AGREEMENT: YES NO

IDENTITY OF BUSINESS LESSEE:
 (FAMILY & GIVEN NAMES, DOMICILE, HEAD OFFICE ADDRESS)

13) ACTIVITIES AT SAID PREM. ON DAY OF APPLIC'N PERM. SEAS. ITINERANT / AFTER
 BEGINNING MODIFICATION END OF OPERATION

TO BE COMPLETED ONLY IF PREMISES ARE NEW OR IF ACTIVITIES THEREOF MODIFIED

14) MAIN ACTIVITY:
 SECONDARY ACTIVITIES:

15) _____

16) _____

17) NOTES, IF ANY, OF THE APPLICANT OR OTHER MODIFICATION(S):
 * DATE OF MODIFICATION *

18) PERMANENT ADDRESS:
 FOR ANY CORRESPONDENCE

BUILDING, STAIRCASE, ENTRY, HIGH-RISF CITY	POSTAL CODE	DISTRIBUTING OFFICE OR CEDEX TELEPHONE:	ROAD	TYPE	NAME
--------------------------------------------	-------------	-----------------------------------------	------	------	------

18) THE UNDERSIGNED: **P. Gillot Le Corre, (ill.) 5, rue Beaujon 75008 PARIS**
 FAMILY & GIVEN NAMES: B. AGENT, SPECIFY CAPACITY & ADDRESS
 REQUEST THAT THIS APPLICATION BE ACCEPTED FOR REGISTRATION WITH RCB RM RBAC REBA
 WITHDRAWAL FROM RCB RM RBAC REBA
 AS WELL AS A FOR TAX SERVICES, HEALTH PLAN SERVICES, INSEE & IF EMPLOYER OR CEASES TO BE SUCH, TO LABOR INSPECTION & NATIONAL EMPLOYMENT AGENCY.

Recins
signature
June 6, 1999

(A) NEW (OR MAINTAINED IN THE EVENT OF A TRANSFER OF THE HEAD OFFICES TO ANOTHER REGISTRAR OR OTHER CHAMBER OF TRADE) SPECIFY: PHYSICAL 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 IN THE EVENT CONTRACTUAL CLAUSES.