

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
OTV SA		07/21/2010	French Limited Company: FRANCE
RECEIVING PARTY DATA			
Name:	Veolia Water Solutions & Technologies Support		
Street Address:	Immeuble L' Aquarene		
Internal Address:	1 Place Montgolfier		
City:	Saint Maurice		
State/Country:	FRANCE		
Postal Code:	94410		
Entity Type:	SASU: FRANCE: FRANCE		
PROPERTY NUMBERS Total: 1			
Property Type	Number	Word Mark	
Registration Number:	3221620	NEOSEP	
CORRESPONDENCE DATA			
Fax Number:	(919)854-2084		
Phone:	919-854-1844		
Email:	jsleeper@coatsandbennett.com		
<i>Correspondence will be sent to the e-mail address first; if that is unsuccessful, it will be sent via US Mail.</i>			
Correspondent Name:	Larry L. Coats		
Address Line 1:	1400 Crescent Green		
Address Line 2:	Suite 300		
Address Line 4:	Cary, NORTH CAROLINA 27518		
ATTORNEY DOCKET NUMBER:	4195-036		
DOMESTIC REPRESENTATIVE			

OP \$40.00 3221620

Name:
Address Line 1:
Address Line 2:
Address Line 3:
Address Line 4:

NAME OF SUBMITTER:	Larry L. Coats
Signature:	/LLC/
Date:	03/08/2012
Total Attachments: 6 source=Neosep Assignment Doc#page1.tif source=Neosep Assignment Doc#page2.tif source=Neosep Assignment Doc#page3.tif source=Neosep Assignment Doc#page4.tif source=Neosep Assignment Doc#page5.tif source=Neosep Assignment Doc#page6.tif	

DECLARATION OF MODIFICATION

EXTRACTS FROM THE
MINUTES OF THE REGISTRY
OF THE CRETEIL TRADE
COURT

MZ

No. 11682'01

LEGAL ENTITY

00B3399

110,60 / 11,80

- Denomination, legal form, capital
- Declaration relating to an establishment: (opening, modification, transfer, offering for management leasing, closure)
- Resuming activities
- Transfer of head office
- Dissolution
- Taking on activities of a company founded without any activity
- Complete stoppage of activity without disappearance of the legal entity
- Other

GIE - GEIE

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. 433 962 586
 REGISTRATION ON THE TCR OF THE RECORD OFFICE OF CRETEIL
 ON THE CRAFTS REGISTER IN THE DEPARTMENT OF _____
 Record Office(s) of the secondary registration(s) _____

Denomination / Sign OTV SA
 Legal Form SA (a form of joint stock company)
 Head office or 1st Establishment in France for foreign companies: _____
 Building, no., Immeuble LAQUARÈNE - 1 Place Montgolfier
 Postal Code 94410 District SAINT MAURICE

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

DECLARATION RELATIVE TO THE MODIFICATION OF THE LEGAL ENTITY

3 06.30.2010 DENOMINATION Veolia Water Solutions & Technologies Support Sign VWSTS
06.30.2010 Legal Form SASU
 Company reduced to a sole partner
 Duration of the legal entity _____
 Closure date of business year _____
 Trade name _____
 Capital amount, monetary unit € 60.000,300
 If variable capital: minimum amount _____
 Continuation of the company although the net assets are smaller than half of the company capital
 Reconstitution of the proper capitals _____

4 06.30.2010 Dissolution
 Indicate the liquidator in box 15. In the event of a closure of establishment, fill in box 9
 Name of the Official Gazette _____ Publishing date _____
 Liquidation address: head office address of the liquidator other: _____

Continuation on Interpolate Sheet 1A

DECLARATION RELATIVE TO AN ESTABLISHMENT

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

8 FORMER: ESTABLISHMENT: Head office Main establishment
 Head office - Main establishment Secondary establishment First establishment in France of a foreign company
 Address: Building, no., _____
 Postal Code _____ District _____

9 06.30.2010 Address: Building, no., Immeuble LAQUARÈNE - 1 Place Montgolfier
 Postal Code 94410 District SAINT MAURICE
 Domiciliation contract: Name of paying agent _____
 Sole identification No. _____

MODIFIED OR FOUNDED ESTABLISHMENT

IN CASE OF A MODIFIED ESTABLISHMENT: Presence of salaried staff Yes No
 becomes Main establishment and head office Secondary establishment

IN CASE OF A FOUNDED ESTABLISHMENT: Head office Head office - Main establishment
 Main establishment Secondary establishment, in this case it is a secondary establishment
 managed by someone who is empowered to link legal reports with third parties Yes No

TRADEMARK

10.06.30.2010 ACTIVITY: sedentary / non sedentary / traveling
 Activity(ies) exercised *Taking and holding of direct or indirect participations in any firms, in particular companies or groupings (continuation Observations)*

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 Other
 building construction, public works Extraction Other
 Its place of exercise: Shop (surface: 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
 Sign: _____

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 / Denomination _____ First names _____
 Name in use _____
 Purchase, contribution: Official Gazette, publishing date _____
 Name of Gazette: _____
 Management-leasing: contract dated as of _____ to _____
 Renewal by tacit renewal yes no
 Lessor of the business: if different from the previous owner
 Birth name / Denomination _____ Name in use _____ First names _____
 Domicile / Head Office _____ District _____
 Postal Code _____

12 SALARIED STAFF of the establishment founded: _____ hiring date of the first salaried employee _____
 Total amount of salaried staff of the company 215 of which _____ apprentices _____ multiproduct representatives _____

Date _____
13 OFFERING FOR MANAGEMENT-LEASING The whole business A part of the business, which _____
 Address: Building, no. _____ Postal Code _____ District _____
 Main establishment Secondary establishment Management-leasing: full name/denomination: _____

BUSINESS GIVEN IN MANAGEMENT-LEASING
 Salaried staff present within the establishment: Yes No

FOR THE SARL COMPANY DECLARATION
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

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

DECLARATION RELATIVE TO THE DIRECTOR
REPRESENTATIVE OF THE DIRECTING LEGAL ENTITY (only when a text provides therefor)
 In case of modification of the representative New Departing Modification of personal situation
 Birth name _____ First names _____
 Born on _____ in _____ Nationality _____
 Domicile _____ District _____
 Postal Code _____
15a DEPARTING Birth name, name in use, first names / Denomination and legal form
BINET-TARBE DE VAUXCLAIRS Jean-Hardouin

15 IN CASE OF DECLARATION OF MODIFICATION 06.30.2010 New Departing fill in 15a
 Modification of personal situation Maintained former capacity
 CAPACITY **PRESIDENT AND CHIEF EXECUTIVE OFFICER & DIRECTOR**
 For business companies, can the interested party commit the company on his own Yes No
 Birth name / Denomination _____ First names _____
 Name in use _____ in _____ Nationality _____
 Born on _____ District _____
 Denomination, legal form _____
 Domicile / Head Office _____
 Postal Code _____ District _____
 When a legal entity, Recordal place and No. _____

16 OBSERVATIONS: continuation from activity: carrying out financial, real estate, industrial, civil or commercial operations.
 desired APE code: 7010Z.
 Correspondence address Declared in box No. 2 Other _____ District _____
 Postal Code _____

17 Telephone(s) _____
 Fax / e-mail _____
 SIGNATURE _____
 [signed illegible]

18 THE LEGAL REPRESENTATIVE full name/denomination and address
 THE ATTORNEY QUOTIDIEN JURIDIQUE - 12 RUE DE LA CHAUSSEE D'ANTIN -
 ANOTHER PERSON 75009 PARIS/PPO (vpotier@le-quotidien-juridique.com)
 Certifies the accuracy of the information given
 Done in _____ PARIS
 On July 21. 2010
 Number of interpolate sheets 2 INS 0
 Sign each sheet separately

15a DEPARTING Birth name, name in use, first names / Denomination and legal form
BINET-TARBE DE VAUXCLAIRS Jean-Hardouin

Recordal entered on the
Trade and Companies Register
Of CRETEIL 9401

On **JULY 28, 2010**

Under number: *16747*

The Registrar

FOR CERTIFIED TRUE COPY
The Registrar
[signed illegible]

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 d'usage _____
 Nom du journal : _____ au _____
 Location-gérance : contrat du _____ au _____ non
 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 : _____ Date d'embauche du 1er salarié _____
 Total effectif salarié de l'entreprise 219 dont : _____ apprentis _____ VRP _____

ACTIVITE : Permanente Saisonnière / Ambulant
 Activités exercées La prise et la détention de participations directes ou indirectes dans toutes entreprises, notamment sociétés ou groupements (suite 06)
 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 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-GÉRANCE
 Salariés présents dans l'établissement oui non
 Adresse : Rés., Bât., n°, voia, lieu dit _____ Code postal _____ Commune _____
 Etablissement Principal Secondaire _____
 Locataire-gérant : nom, prénoms/dénomination : _____

POUR LA SARL DECLARATION SOCIALE A compléter par le volet social TMS pour le gérant majoritaire - associé unique
 Si gérant majoritaire partant ou modifié : N° SS _____ Dépt. _____
 Caisse d'assurance maladie TNS _____
 Caisse de retraite _____


DECLARATION RELATIVE AU DIRIGEANT suite sur intercalaire(s) M pour les associés indéfiniment et solidairement responsables.
 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 _____ à _____ Nationalité _____
 Né(e) le _____ à _____
 Domicile _____
 Code postal _____ Commune _____
 PARTANT Noms de naissance, d'usage, prénom / dénomination et forme juridique
BINET-TARBE DE VAUXCLAIRES Jean-Hardouin

RENSEIGNEMENTS COMPLEMENTAIRES
 suite activités effectuant des opérations financières, immobilières, industrielles, civiles ou commerciales.
 OBSERVATIONS : Code APE souhaité: 7010Z.
 Adresse de correspondance Déclarée au cadre n° 2 Autre
 Code Postal _____ Commune _____
 Téléphone(s) _____
 Fax / e-mail _____

Le présent document constitue une demande de modification au RCS; le cas échéant au RM, 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.
 Quiconque donne, 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
 AUTRE PERSONNE justifiant d'un intérêt

Certifie l'exactitude des renseignements donnés
 Fait à PARIS le 21/07/2010
 Nombre d'intercalaires/ 2J volets/ TMS 0J


SIGNATURE: 
 Signer chaque feuille séparément.

Inscription portée au
Registre du Commerce et des Sociétés
de CRÉTEIL 9401

le 28 JUIL. 2010

Sous le numéro: 16747

Le Greffier


POUR COPIE DÉPOSÉE
Le Greffier