

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

ETAS ID: TM350689

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	CHANGE OF NAME		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
PCM POMPES		07/19/2006	Limited Company: FRANCE
RECEIVING PARTY DATA			
Name:	PCM		
Street Address:	6, boulevard Bineau		
City:	Levallois-Perret		
State/Country:	FRANCE		
Postal Code:	92300		
Entity Type:	Limited Company: FRANCE		
PROPERTY NUMBERS Total: 1			
Property Type	Number	Word Mark	
Registration Number:	1822333		
CORRESPONDENCE DATA			
Fax Number:			
<i>Correspondence will be sent to the e-mail address first; if that is unsuccessful, it will be sent using a fax number, if provided; if that is unsuccessful, it will be sent via US Mail.</i>			
Email:	thomas.brooke@hklaw.com		
Correspondent Name:	Thomas W. Brooke		
Address Line 1:	800 17th Street, NW		
Address Line 4:	Washington, D.C. 20006		
ATTORNEY DOCKET NUMBER:	102114.00037		
DOMESTIC REPRESENTATIVE			
Name:	THomas W. Brooke		
Address Line 1:	80017th Street, NW		
Address Line 2:	Suite 1100		
Address Line 4:	Washington, D.C. 20006		
NAME OF SUBMITTER:	Thomas W. Brooke		
SIGNATURE:	/thomaswbrooke/		
DATE SIGNED:	08/07/2015		
Total Attachments: 7			

OP \$40.00 1822333

source=--_08_07_2015_08_44_03_633#page1.tif
source=--_08_07_2015_08_44_03_633#page2.tif
source=--_08_07_2015_08_44_03_633#page3.tif
source=--_08_07_2015_08_44_03_633#page4.tif
source=--_08_07_2015_08_44_03_633#page5.tif
source=--_08_07_2015_08_44_03_633#page6.tif
source=--_08_07_2015_08_44_03_633#page7.tif

GREFFE TRIBUNAL DE
COMMERCE DE NANTERRE
26 JUL. 2006
DEPOT N°

803 3689

C 27590



POUR COPIE CERTIFIÉE CONFORME
AU RNCS
LILLE, LE : 02/01/15

POUR LE DIRECTEUR GÉNÉRAL
DE L'INPI
LE DIRECTEUR DES REGISTRES
ET DES TITRES

Corinne TECHEC
03 28 36 34 67

M2
No. 11682*01

COSB

DECLARATION OF MODIFICATION LEGAL ENTITY

RESERVED
Declaration received on **G9251 866184 4**

Corporate name, legal form, capital
 Declaration concerning an establishment: (opening, change, transfer, transfer into management lease, closure)
 Restart of activity
 Winding-up

A company formed with no business commencing business
 GIE - GEIE
 Total discontinuation of activity without the disappearance of the legal entity
 Other

FILL OUT IN ALL CIRCUMSTANCES boxes nos. 1, 2, 17, 18, AND THE "NEW" OR "MODIFIED" DETAILS by showing the date of the event.

REMINDER OF IDENTIFICATION PRIOR TO MODIFICATION

SINGLE IDENTIFICATION NO. 572180198
 REGISTRATION IN THE RCS (TRADE AND COMPANIES REGISTER) REGISTRY OF Nanterre
 IN THE RM (TRADE INDEX) IN THE DEPT. OF
Registry office(s) of the secondary registration(s)

Corporate Name / Acronym PGM POMPES
Legal form SA (limited Company)
Registered office or primary establishment in France for foreign companies
Street address 17/19 RUE ERNEST LAVAL
Postal code 92170 Town/city VANVES

Identification of the taxation office at which the most recent earnings returns and VAT declarations were filed

Date: 12/11/01 6/21/01/61 CORPORATION NAME PGM DECLARATION CONCERNING THE MODIFICATION OF THE LEGAL ENTITY

Acronym:

12/11/01 6/21/01/61
Legal form
 Company reduced to a single partner
Duration of the legal entity 2105
End date of the financial year
Trading name

Capital: amount, currency unit €10, 154, 970
If the capital is variable: Minimum amount
 Continuation of the company despite net assets below half of the registered capital
 Reconstitution of the shareholders' equity

Winding-up.
State the liquidator in box 15. In the event of closure of establishments, fill in box 8

Name of the legal announcements newspaper: _____ Date of publication: _____
Winding-up address: registered office address of the liquidator other: _____

This application concerns AN OPENING A MODIFICATION A TRANSFER A TRANSFER INTO MANAGEMENT LEASE A CLOSURE

DECLARATION CONCERNING AN ESTABLISHMENT

ESTABLISHMENT TRANSFERRED OR CLOSED

Date: 12/11/01 6/21/01/61
 REGISTERED OFFICE - Principal establishment Secondary establishment Primary establishment in France of a foreign company
Address: street address (if different from that stated in box 2) 17/19 RUE ERNEST LAVAL

FOR A TRANSFER: Destination Closed Sold Other
If business is continued, the establishment is therefore: Registered office Principal Secondary

Postal code 92170 Town/city VANVES

FOR A CLOSURE: Destination Disposed of Sold Other
If any employee stops working: date: _____

Continued on continuation sheet M*

Date: 12/11/01 6/21/01/61 ADDRESS: street address 17/19 RUE ERNEST LAVAL

ESTABLISHMENT CREATED OR MODIFIED

Postal code 92170 Town/city VANVES

FOR A MODIFIED ESTABLISHMENT: Presence of employees Yes No
It becomes Principal Secondary (only if a change in kind)

Domiciliation contract: Name of domiciliation agent Principal establishment Secondary establishment, in that case, is it permanent and managed by a person who has the power to enter into legal relationships with third parties Yes No
Single identification no.: _____

TRADEMARK

BUSINESS ACTIVITIES: Permanent Seasonal / Mobile

Among these activities, state the most important
 For that activity, specify its nature by checking only one box:
 Its nature: Retail shop Transport Services Import / export
 Wholesale selling or trade intermediary Manufacturing, production Liberal profession
 Furniture rental Fitting, installation Repair Building, public works
 Extraction Other _____
 Its place of exercise: Shop (area: _____ sq.m.) Office On the market
 To customers Factory Workshop Store, warehouse
 On site Mine, quarry Other _____
 Is the principal activity of this establishment also the principal activity of the company? Yes No

In the case of a change in activity, it is the result of:
 addition of an activity partial elimination of activity by: Disappearance Sale Takeover by the owner Other
 Trading name: _____

BUSINESS TRANSFERRED INTO MANAGEMENT LEASE
 A TRANSFER INTO MGT LEASE Entire business A portion of the business, which
 Address: Street address _____

FOR THE SARL (SIMPLIFIED JOINT STOCK COMPANY) THE STAFF DECLARATION To be supplemented by the TNS staff attachment for the majority-owning manager - single partner
 THE NATURE OF THE MANAGEMENT IS CHANGED Yes No If yes, it becomes:
 MINORITY / EQUAL OWNER a company is affiliated
 MAJORITY OWNER, if the spouse is a partner, she takes part in the business without being compensated Yes No
 DECLARATION PERTAINING TO THE MANAGER Confirmation on continuation sheet(s) Yes No

FOR DECLARATION OF MODIFICATION [211016121010161] New Leaving Fill in 15(b)
 Change to personal situation Retained former status
 STATUS Statutory Auditor
 For commercial companies, can the party considered solely commit the company? Yes No

Name at birth BONTOUX
 Customary name _____ First name PATRICK
 Born on 10|31|01911915121 at VALREAS 84000 Nationality France
 Corporate name, legal form _____
 Domicile / Registered office 4 RUE DE MOUSSET
 Postal code 75016 Town/city PARIS

For a legal entity Place and number of registration
 [211016121010161] REMARKS: EXTENSION OF DURATION UNTIL 20 06 2015
 PLEASE NOTIFY THE SECONDARY ESTABLISHMENT IN ANGERS, ROUTE DE MONTJEAN, BP1, 49123 CHAMPROCE SUR LOIRE (NOTIFICATION NOT MADE)

Address for correspondence Declared in box no. 9 Other
 Postal Code _____ Town/city _____

This document is an application for modification to the RCS (Trade and Companies Register), or, as appropriate, the RM (Trade Index), and counts as a declaration to the taxation authorities, the social security bodies, the INSEE (statistics body) and, as appropriate, to the labour authorities. Anyone who deliberately provides inaccurate or incomplete statements shall be liable for criminal penalties that may include imprisonment.

THE LEGAL REPRESENTATIVE surname, first name / corporate name and address
 (statistics body) and, as appropriate, to the labour authorities. Anyone who deliberately provides inaccurate or incomplete statements shall be liable for criminal penalties that may include imprisonment.
 THE AUTHORISED REPRESENTATIVE who has power of attorney PETITES AFFICHES - 2, rue
Montesquieu - 75001 PARIS/
 OTHER PERSON who can provide evidence of an interest FL/SBO/6026686/001

SOURCE FOR A BUSINESS OR ARTISANAL SOURCE:
 Creation, go straight to the next box Takeover of a management lease Other
 Purchase
 Previous operator: Single identification no. _____
 Name at birth / Corporate name _____
 Customary name _____ First names _____

Management lease: contract from _____ to _____
 Renewal by tacit renewal Yes No
 Provider of funds: if different from the previous operator
 Name at birth / Corporate name _____ First names _____
 Customary name _____
 Domicile / Registered office _____
 Postal code _____ Town/city _____

SALARIED STAFF of the establishment created: _____ Date on which the first employee was hired _____
 Total salaried staff of the company: _____ of which: _____ apprentices _____ Sales Representatives _____

BUSINESS TRANSFERRED INTO MANAGEMENT LEASE
 Postal code _____ Town/city _____ Employees present in the establishment Yes No

Medical Insurance Fund TNS
 Pension fund _____
 If the majority-owning manager is leaving or changed: SS no. _____ Dept. _____

REPRESENTATIVE OF THE MANAGER THAT IS A LEGAL ENTITY (only when a law or regulation so requires):
 For change in representative New Leaving Fill in 15(b) Change to personal situation
 Name at birth _____
 Customary name _____ First name _____
 Born on _____ at _____ Nationality _____
 Domicile _____
 Postal code _____ Town/city _____

LEAVING Names - at birth, customary, first name / Corporate name and legal form

ADDITIONAL INFORMATION

Telephone no(s) _____ Fax / e-mail _____

Executed in PARIS
 Dated: 19/07/2006
 Number of continuation sheets: 1 TNS slips: 0
 Sign each sheet individually.

SIGNATURE: _____ (signature illegible)
 [Stamp: INPI]

Number of continuation sheets: 1 TNS slips: 0
 Sign each sheet individually.

[Sidelways in right margin: Law no. 78-17 of January 6, 1978 relative to data protection and freedoms applies to answers given in this form for individuals. It guarantees them a right of access to and correction of data concerning them held by the recipient entities of this form.]

TRADEMARK

M3-A

COSA
No. 1166307

DECLARATION CONCERNING THE MANAGERS
AND OTHER PERSONS LINKED TO THE OPERATION

RESERVED FOR CFE MGUIBFFHKT

NOT INVOLVING A PARTNER THAT IS INDEFINITELY AND JOINTLY AND SEVERALLY LIABLE SA (LIMITED COMPANY), SAS (SIMPLIFIED JOINT STOCK COMPANY), SARL (LIMITED LIABILITY COMPANY) SOCIETE CIVILE (CIVIL SOCIETY)

LEGAL ENTITY

APPLICATION FOR REGISTRATION MODIFICATION in the RCS (TRADE AND COMPANIES REGISTER) REGISTRY OF

CONTINUATION SHEET following M2, M2 agriculture, M3-A (remind corporate name and legal form only)

FILL OUT IN ALL CIRCUMSTANCES if the form constitutes an application for REGISTRATION MODIFICATION in the RCS the boxes nos. 1, 2, 3, 6, 7; if used as a CONTINUATION SHEET, the boxes 1 and 2 FOR EVERY PERSON DECLARED the boxes nos. 4, if applicable no 4(b)

REMINDER OF IDENTIFICATION

CORPORATE NAME PCM POMPES
Legal form SA (Limited Company)

SINGLE IDENTIFICATION NO. 572180198

REGISTRATION IN THE RCS (TRADE AND COMPANIES REGISTER) REGISTRY OF
 IN THE RM (TRADE INDEX) IN THE DEPT. OF

FOR DECLARATION OF MODIFICATION | 2 | 1 | 0 | 1 | 6 | 2 | 1 | 0 | 1 | 6 | New Leaving Fill in 4(b)

STATUS Statutory Auditor
For commercial companies, can the party considered solely commit the company? Yes No

Name at birth: _____ First name _____
Customary name _____ Nationality _____

Born on _____ at _____
Corporate name, legal form _____
Domicile / Registered office _____
Postal code _____ Town/city _____

For a legal entity: Place and number of registration
Town/city _____

FOR DECLARATION OF MODIFICATION | 2 | 1 | 1 | 0 | 1 | 6 | 2 | 1 | 0 | 1 | 6 | New Leaving Fill in 4(b)

STATUS Director
For commercial companies, can the party considered solely commit the company? Yes No

Name at birth BIENAIMÉ First name GÉOFFROY CHARLICK
Customary name _____ Nationality FRANCE

Born on 21 05 1969 at Lyon 69
Corporate name, legal form _____
Domicile / Registered office 68 BOULEVARD DESGRANGES
Postal code 92330 Town/city SCEAUX

For a legal entity: Place and number of registration
Town/city SCEAUX

Registered office or primary establishment in France for foreign companies
Street address _____
Postal code _____ Town/city _____

REPRESENTATIVE OF THE MANAGER THAT IS A LEGAL ENTITY (only when a law or regulation so requires).

For change in representative New Leaving Fill in 4(b) Change to personal situation

Name at birth _____ First name _____
Customary name _____ Nationality _____

Born on _____ at _____
Domicile _____
Postal code _____ Town/city _____

LEAVING Name at birth _____ First name _____
Customary name _____
Corporate name, legal form CABINET MAZARS & GUERARD

REPRESENTATIVE OF THE MANAGER THAT IS A LEGAL ENTITY (only when a law or regulation so requires).

For change in representative New Leaving Fill in 4(b) Change to personal situation

Name at birth _____ First name _____
Customary name _____ Nationality _____

Born on _____ at _____
Domicile _____
Postal code _____ Town/city _____

LEAVING Name at birth _____ First name _____
Customary name _____
Corporate name, legal form _____

TRADEMARK

FOR DECLARATION OF MODIFICATION New Leaving Fill in 4(b)
 Change to personal situation Retained former status
 For commercial companies, can the party considered solely commit the company? Yes No

Name at birth _____ First name _____
 Customary name _____ Nationality _____
 Born on _____ at _____
 Corporate name, legal form _____
 Domicile / Registered office _____
 Postal code _____ Town/city _____
 For a legal entity Place and number of registration _____

FOR DECLARATION OF MODIFICATION New Leaving Fill in 4(b)
 Change to personal situation Retained former status

STATUS
 For commercial companies, can the party considered solely commit the company? Yes No
 Name at birth _____ First name _____
 Customary name _____ Nationality _____
 Born on _____ at _____
 Corporate name, legal form _____
 Domicile / Registered office _____
 Postal code _____ Town/city _____
 For a legal entity Place and number of registration _____

REPRESENTATIVE OF THE MANAGER THAT IS A LEGAL ENTITY (only when a law or regulation so requires).
 For change in representative New Leaving Fill in 4(b) Change to personal situation

Name at birth _____ First name _____
 Customary name _____ Nationality _____
 Born on _____ at _____
 Domicile _____
 Postal code _____ Town/city _____

REPRESENTATIVE OF THE MANAGER THAT IS A LEGAL ENTITY (only when a law or regulation so requires).
 Leaving Name at birth _____ First name _____
 Leaving Name at birth _____ First name _____
 Customary name _____ Nationality _____
 Corporate name, legal form _____

FOR CHANGE IN REPRESENTATIVE New Leaving Fill in 4(b) Change to personal situation
 Name at birth _____ First name _____
 Customary name _____ Nationality _____
 Born on _____ at _____
 Domicile _____
 Postal code _____ Town/city _____

ADDITIONAL INFORMATION

REMARKS: _____

Address for correspondence Declared in box no. 3 Other _____
 Postal Code _____ Town/city _____

This document is an application for modification to the RCS (Trade and Companies Register), or, as appropriate, the RM (Trade Index), and counts as a declaration to the taxation authorities, the social security bodies, the INSEE (statistics body) and, as appropriate, to the labour authorities. Anyone who deliberately provides inaccurate or incomplete statements shall be liable for criminal penalties that may include imprisonment.

THE LEGAL REPRESENTATIVE _____
 THE AUTHORIZED REPRESENTATIVE who has power of attorney *surname, first names / corporate name and address*
 OTHER PERSON who can provide evidence of an interest _____

Executed in PARIS _____
 Dated: 19/07/2006 _____
 Number of continuation sheets: 0 _____
 TNS or NS agriculture slips: 0 _____
 Sign each sheet individually.

[Sideways in right margin: Law no. 78-17 of January 6, 1978 relative to data protection and freedoms applies to answers given in this form for individuals. It guarantees them a right of access to and correction of data concerning them held by the recipient entities of this form.]

M2

COSA
No. 11682/01

DECLARATION OF MODIFICATION
LEGAL ENTITY

RESERVED
Declaration
received on

- Corporate name, legal form, capital
- Declaration concerning an establishment: (opening, change, transfer, transfer into management lease, closure)
- Restart of activity
- Winding-up

- A company formed with no business commencing business
- Total discontinuation of activity without the disappearance of the legal entity
- Other

FILL OUT IN ALL CIRCUMSTANCES boxes nos. 1, 2, 17, 18, AND THE "NEW" OR "MODIFIED" DETAILS by showing the date of the event.

REMINDER OF IDENTIFICATION PRIOR TO MODIFICATION

SINGLE IDENTIFICATION NO. 15171211810119181
 REGISTRATION IN THE RCS (TRADE AND COMPANIES REGISTER) REGISTRY OF NANTERRE
 IN THE RM (TRADE INDEX) IN THE DEPT. OF
 Registry office(s) of the secondary registration(s)

Corporate Name / Acronym PCM
 Legal form SA (Limited Company)
 Registered office or primary establishment in France for foreign companies
 Street address 17 RUE ERNEST LAVAL
 Postal code 1912117101 Town/city VANVES

Identification of the taxation office at which the most recent earnings returns and VAT declarations were filed

DECLARATION CONCERNING THE MODIFICATION OF THE LEGAL ENTITY

Date _____ CORPORATE NAME _____ Acronym: _____
 Legal form _____
 Company reduced to a single partner
 Duration of the legal entity _____
 End date of the financial year _____
 Trading name PCM _____

Merger Split-up. This operation involves a capital increase
 Legal entities that took part in the transaction: _____

Capital: amount, currency unit
 If the capital is variable: Minimum amount _____
 Continuation of the company despite net assets below half of the registered capital
 Reconstitution of the shareholders' equity _____

Winding-up. In the event of closure of establishments, fill in box 8

Name of the legal announcements newspaper _____ Date of publication _____
 Winding-up address: registered office address of the liquidator other: _____

State the liquidator in box 15. In the event of closure of establishments, fill in box 8

This application concerns AN OPENING A MODIFICATION A TRANSFER A TRANSFER INTO MANAGEMENT LEASE A CLOSURE

DECLARATION CONCERNING AN ESTABLISHMENT ESTABLISHED OR TRANSFERRED OR CLOSED

Date 101111212101121
 Registered office-Principal establishment Secondary establishment Primary establishment in France of a foreign company
 Address: street address (if different from that stated in box 2) 17 RUE ERNEST LAVAL

FOR A TRANSFER: Destination Closed Sold Other
 If business is continued, the establishment is therefore: Registered office Principal Secondary

Postal code 1912117101 Town/city VANVES
 Date 101111212101121

FOR A CLOSURE: Destination Disposed of Sold Other
 If any employee stops working: date _____

Continued on continuation sheet M*

ADDRESS: street address 6, BOULEVARD BINEAU

ESTABLISHMENT CREATED OR MODIFIED

Postal code 19121310101 Town/city LEVALLOIS-PERRET
 Date 101111212101121

FOR A MODIFIED ESTABLISHMENT: Presence of employees Yes No
 If becomes Principal Secondary (only if a change in kind).
 FOR A CREATED ESTABLISHMENT: Principal Registered Office Registered office - Principal establishment

Domiciliation contract: Name of domiciliation agent _____
 Single identification no.: _____
 Principal establishment Secondary establishment, in that case, is it permanent and managed by a person who has the power to enter into legal relationships with third parties Yes No

TRADEMARK

BUSINESS ACTIVITIES: Permanent Seasonal / Mobile
Activities performed ANYTHING ABOUT METALLURGY AND MACHINE BUILDING ...

Among these activities, state the most important
For that activity, specify its nature by checking only one box:
Its nature: Retail shop Transport Services Import / export
 Wholesale selling or trade intermediary Manufacturing, production Liberal profession
 Furniture rental Fitting, installation Repair Building, public works
 Extraction Other _____
Its place of exercise: Shop (area: _____ sq. m.) Office On the market
 To customers Factory Workshop Store, warehouse
 On site Mine, quarry Other _____
Is the principal activity of this establishment also the principal activity of the company? Yes No

In the case of a change in activity, it is the result of:

addition of an activity partial elimination of activity by: Disappearance Sale Takeover by the owner Other
 Trading name: _____

BUSINESS TRANSFERRED INTO MANAGEMENT LEASE
Date: _____
Address: Street address _____ Postal code _____ Town/city _____ Employees present in the establishment Yes No
Establishment: Principal Secondary Management lessee: surname, first names / corporate name: _____
FOR THE SARL (SIMPLIFIED JOINT STOCK COMPANY) THE STAFF DECLARATION: To be supplemented by the TNS staff attachment for the majority-owning manager - single partner

THE NATURE OF THE MANAGEMENT IS CHANGED Yes No If yes, it becomes:
 MINORITY OR EQUAL OWNER a company is affiliated
 MAJORITY OWNER: if the spouse is a partner, she takes part in the business without being compensated Yes No
DECLARATION PERTAINING TO THE MANAGER continuation or continuation sheets (1) M: for partners that are indefinitely and jointly and severally liable.

FOR DECLARATION OF MODIFICATION New Leaving Fill in 15(b)
 Change to personal situation Retained former status

For commercial companies, can the party considered solely commit the company? Yes No
STATUS
Name at birth _____ Customary name _____ First name _____
Born on _____ at _____ Nationality _____
Corporate name, legal form _____
Domicile / Registered office _____ Town/city _____
Postal code _____
For a legal entity: Place and number of registration _____

ADDITIONAL INFORMATION
REMARKS: DELETE THE TRADE NAMES : PCM PUMPS ; DELASCO ; FOODYS.
Address for correspondence Declared in box no. 9 Other _____
Postal Code _____ Town/city _____
Telephone no(s) _____
Fax / e-mail _____

This document is an application for modification to the RCS (Trade and Companies Register), or, as appropriate, the RM (Trade Index), and counts as a declaration to the taxation authorities, the social security bodies, the INSEE (statistics body) and, as appropriate, to the labour authorities. Anyone who deliberately provides inaccurate or incomplete statements shall be liable for criminal penalties that may include imprisonment.
THE LEGAL REPRESENTATIVE surname, first name / corporate name and address
Executed in PARIS
Certifies that the details provided are correct
Dated: 05/12/2011
Number of continuation sheets: | 0 | TNS slips: | 0 | Sign each sheet individually.
/BBO/1047314/001/ Customer account : 9201-1

SOURCE FOR A BUSINESS OR ARTISANAL SOURCE:
 Creation, go straight to the next box
 Purchase Takeover of a management lease Other
Previous operator: Single identification no. _____
Name at birth / Corporate name _____ First names _____
Customary name _____
Purchase, contribution: legal announcements newspaper, date of publication _____
Name of the newspaper: _____
Management lease: contract from _____ to _____
Renewal by tacit renewal Yes No
Provider of funds: if different from the previous operator _____
Name at birth / Corporate name _____ First names _____
Customary name _____
Domicile / Registered office _____
Postal code _____ Town/city _____
SALARIED STAFF of the establishment created: _____ Date on which the first employee was hired _____
Total salaried staff of the company: _____ of which: _____ apprentices _____ Sales Representatives _____

TRADEMARK