

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

ETAS ID: TM475941

| | | | |
|---|--|-----------------------|---------------------|
| SUBMISSION TYPE: | NEW ASSIGNMENT | | |
| NATURE OF CONVEYANCE: | Change of Corporate Status | | |
| CONVEYING PARTY DATA | | | |
| Name | Formerly | Execution Date | Entity Type |
| EUGENE PERMA FRANCE | | 06/02/2016 | Corporation: FRANCE |
| RECEIVING PARTY DATA | | | |
| Name: | EUGENE PERMA FRANCE | | |
| Street Address: | 10 Rue James Watt, Batiment C/D | | |
| City: | 93200 Saint-Denis | | |
| State/Country: | FRANCE | | |
| Entity Type: | Société Par Actions Simplifiée (Sas): FRANCE | | |
| PROPERTY NUMBERS Total: 1 | | | |
| Property Type | Number | Word Mark | |
| Registration Number: | 2174193 | EUGENE-PERMA | |
| CORRESPONDENCE DATA | | | |
| Fax Number: | 2122468959 | | |
| <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> | | | |
| Phone: | 2127083460 | | |
| Email: | slebson@ladas.com | | |
| Correspondent Name: | LADAS & PARRY LLP | | |
| Address Line 1: | 1040 Avenue of the Americas | | |
| Address Line 4: | New York, NEW YORK 10018 | | |
| ATTORNEY DOCKET NUMBER: | A18TMA03440-US | | |
| NAME OF SUBMITTER: | Scott Lebson | | |
| SIGNATURE: | /sjl/ | | |
| DATE SIGNED: | 05/30/2018 | | |
| Total Attachments: 2 | | | |
| source=Declaration of Modification#page1.tif | | | |
| source=Declaration of Modification#page2.tif | | | |

CH \$40.00 2174193

M2 **COSA**

No. 11682701

DECLARATION OF MODIFICATION

LEGAL ENTITY

reserved for the CFEMGUIDBEEFHJKT
Declaration No. C 93011002011
Received 01/05/2011 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)
- Resuming activities
- Dissolution
- Taking on activities of a company founded without any activity
- Complete stoppage of activity without disappearance of the legal entity
- 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 TCR OF THE COURT REGISTRY OF PARIS

ON THE CRAFTS REGISTER IN THE DEPARTMENT OF _____

Court Registry(ces) 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 _____

Legal Form _____

Company reduced to a sole partner

Duration of the legal entity _____

Closure date of business year: _____

Trade name _____

5 Merger Scission. This operation results in a capital increase.

Legal entities having participated in the operation: _____

Continuation on Interpole Sheet M'

4 **Capital: amount, monetary unit** _____

If variable capital: **minimum amount** _____

Continuation of the company although the net assets are smaller than half of the company capital

Reconstitution of the owner's equity

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: _____

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 **Date** 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

Purpose Closed Sold Other _____

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

IN CASE OF A CLOSURE: Purpose Deleted Sold Other _____

Continuation on Interpole Sheet M'

MODIFIED OR FOUNDED ESTABLISHMENT

9 **Date** 01/01/2011

Address: building, no., street 10 RUE JAMES WATT

Bâtiment C/D _____

Post Office 93200 District SAINT-DENIS

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)

TRADE MARK

M2 **cerfa**

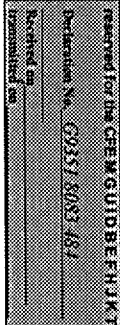
No. 11682/02

DECLARATION OF MODIFICATION

LEGAL ENTITY

FOR CERTIFIED TRUE COPY

The Registrar



- 1** Name, legal form, capital suspension) Taking on business of a company founded without any business Complete stoppage of business without disappearance of the body corporate (temporary)
- Transfer of head office Declaration relating to an establishment: (opening, modification, transfer, offering for management leasing, closure) Other [signed illegible]
- Resuming business Discontinuation of business with continuation of business without continuation of business GIB-GEIE

FILE IN ANY CASE ALL OF THE BOXES Nos. 1, 2, 21, 22 AND THE NEW OR EXTENDED MENTIONS BY INDICATING THE DATE OF THE EVENT.

REMINDER OF THE IDENTIFICATION PRIOR TO MODIFICATION

- 2** SOLE IDENTIFICATION No. 322 584 723
- REGISTRATION IN THE RCS OF THE REGISTRY OF BOBIGNY Name / Sign EUGENE PERMA FRANCE
- ON THE CRAFTS REGISTER IN THE DEPARTMENT OF _____ Form of incorporation Société Anonyme or S.A. (a form of joint stock company)
- Registry(ies) for secondary registration(s) _____ Head office or 1st Establishment in France for foreign companies: building, no, street 10 RUE JAMES WATT BATTMENT C D ST DENIS
- Post Office 93200 District SAINT-DENIS

- 3** ONLY FOR THE COMPANY WITH SOLE PARTNER. Is the sole partner personally responsible for the company yes no
- DECLARATION RELATIVE TO THE MODIFICATION OF THE BODY CORPORATE**

- 4** NAME _____ MERGER SCISSION This operation results in a capital increase. Indicate the body corporate having participated in the operation on interplate sheet M' _____
- Date 06/02/2016 Legal Form Société par actions Simplifiée or S.A.S. (a simplified form of joint stock company) SIGN _____
- Company reduced to a sole partner Duration of the body corporate 99 TEMPORARY SUSPENSION BY DISCONTINUANCE OF BUSINESS
- Closure date of business year: December 31

- 5** Capital amount, monetary unit 2.715.000 EUROS
- If variable capital: minimum amount _____ DISSOLUTION
- Continuation of the company although the net assets are smaller than half of the company capital Indicate the liquidator in box 15 except for a total transmission of property
- Reconstitution of the owner's equity In the event of a closure of establishment, fill in box 11
- Name of the journal of legal notices _____ Publishing date _____
- Liquidation address: head office address of the liquidator other: _____

- 6** BREACH BY ANTICIPATION OF THE SUPPORT AGREEMENT Total transmission of property
- DECLARATION RELATIVE TO AN ESTABLISHMENT AND TO THE BUSINESS**

- 10** This application concerns AN OPENING A CLOSURE A MODIFICATION A TRANSFER AN OFFERING FOR MANAGEMENT LEASING MANAGEMENT-MANDATE
- Date _____ **TRANSFERRED OR CLOSED ESTABLISHMENT**
- FORMER ESTABLISHMENT: Head office Head office-Main establishment
- Main establishment Secondary establishment First establishment in France of a foreign company
- Address: building, no, street (if different from box 2) _____ **IN CASE OF A TRANSFER: Purpose** Sold Closed Other _____
- Post Office _____ District _____ **IN CASE OF A CLOSURE: Purpose** Deleted Sold Other _____
- Date _____ **MODIFIED OR FOUNDED ESTABLISHMENT**
- Address: building, no, street _____ Main establishment Secondary establishment (check the box only if change of nature of establishment)
- Post Office _____ District _____
- Head office _____ Head office-Main establishment
- Domiciliation contract: Name of paying agent _____
- Sole Identification No. _____
- Continuation on Interplate Sheet M'*

- 12** THE ESTABLISHMENT BECOMES: Head office Head office-Main establishment
- Domiciliation contract: Name of paying agent _____
- Sole Identification No. _____