

FORM PTO-1618A  
Expires 06/30/99  
OMB 0651-0027

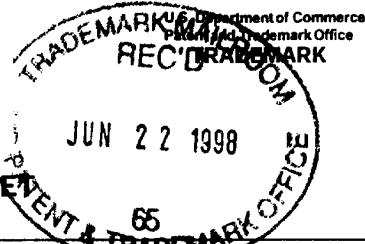
07-09-1998



100757565

RECORDATION FORM COVER SHEET  
TRADEMARKS ONLY

6-22-98



TO: The Commissioner of Patents and Trademarks: Please record the attached original document(s) or copy(ies).

Submission Type

- New
- Resubmission (Non-Recordation)  
Document ID # \_\_\_\_\_
- Correction of PTO Error  
Reel # \_\_\_\_\_ Frame # \_\_\_\_\_
- Corrective Document  
Reel # \_\_\_\_\_ Frame # \_\_\_\_\_

Conveyance Type

- Assignment
- License
- Security Agreement
- Nunc Pro Tunc Assignment  
Effective Date  
Month Day Year  
02/02/98
- Change of Name
- Other \_\_\_\_\_

Conveying Party

Mark if additional names of conveying parties attached Execution Date  
Month Day Year

Name ICI Australia Operations Proprietary Limited 02/02/98

Formerly \_\_\_\_\_

- Individual
- General Partnership
- Limited Partnership
- Corporation
- Association
- Other \_\_\_\_\_
- Citizenship/State of Incorporation/Organization AUSTRALIA

Receiving Party

Mark if additional names of receiving parties attached

Name ORICA AUSTRALIA PTY LTD

DBA/AKA/TA \_\_\_\_\_

Composed of \_\_\_\_\_

Address (line 1) 1 Nicholson Street, Melbourne, Victoria, 3000, Australia

Address (line 2) \_\_\_\_\_

Address (line 3) Melbourne, Victoria Australia \_\_\_\_\_  
City State/Country Zip Code

- Individual
- General Partnership
- Limited Partnership
- Corporation
- Association
- Other \_\_\_\_\_
- Citizenship/State of Incorporation/Organization Australia

If document to be recorded is an assignment and the receiving party is not domiciled in the United States, an appointment of a domestic representative should be attached. (Designation must be a separate document from Assignment.)

FOR OFFICE USE ONLY

07/08/1998 BNGUYEN 00000369 75423205

01 FC:481 40.00 OP  
02 FC:482 400.00 OP

Public burden reporting for this collection of information is estimated to average approximately 30 minutes per Cover Sheet to be recorded, including time for reviewing the document and gathering the data needed to complete the Cover Sheet. Send comments regarding this burden estimate to the U.S. Patent and Trademark Office, Chief Information Officer, Washington, D.C. 20231 and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Paperwork Reduction Project (0651-0027), Washington, D.C. 20503. See OMB Information Collection Budget Package 0651-0027, Patent and Trademark Assignment Practice. DO NOT SEND REQUESTS TO RECORD ASSIGNMENT DOCUMENTS TO THIS ADDRESS.

Mail documents to be recorded with required cover sheet(s) information to:  
Commissioner of Patents and Trademarks, Box Assignments, Washington, D.C. 20231

TRADEMARK

REEL: 1749 FRAME: 0766

**Domestic Representative Name and Address**

Enter for the first Receiving Party only.

Name

Address (line 1)

Address (line 2)

Address (line 3)

Address (line 4)

**Correspondent Name and Address**

Area Code and Telephone Number

Name

Address (line 1)

Address (line 2)

Address (line 3)

Address (line 4)

**Pages**

Enter the total number of pages of the attached conveyance document including any attachments. #

**Trademark Application Number(s) or Registration Number(s)**

Mark if additional numbers attached

Enter either the Trademark Application Number or the Registration Number (DO NOT ENTER BOTH numbers for the same property).

Trademark Application Number(s)			Registration Number(s)		
<input type="text" value="75423205"/>	<input type="text" value="75423208"/>	<input type="text" value="75423211"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text" value="75423206"/>	<input type="text" value="75423209"/>	<input type="text" value="75423212"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text" value="75423207"/>	<input type="text" value="75423210"/>	<input type="text" value="75423213"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Number of Properties**

Enter the total number of properties involved. #

**Fee Amount**

Fee Amount for Properties Listed (37 CFR 3.41): \$

Method of Payment: Enclosed  Deposit Account

Deposit Account (Enter for payment by deposit account or if additional fees can be charged to the account.)  
Deposit Account Number: #

Authorization to charge additional fees: Yes  No

**Statement and Signature**

To the best of my knowledge and belief, the foregoing information is true and correct and any attached copy is a true copy of the original document. Charges to deposit account are authorized, as indicated herein.

Donna Sue Long  
Name of Person Signing

Donna Sue Long  
Signature

06-22-98  
Date Signed

RECORDATION FORM COVER SHEET  
CONTINUATION  
TRADEMARKS ONLY

**Conveying Party**

Enter Additional Conveying Party

Mark if additional names of conveying parties attached

Execution Date  
Month Day Year

Name

Formerly

Individual  General Partnership  Limited Partnership  Corporation  Association

Other

Citizenship State of Incorporation/Organization

**Receiving Party**

Enter Additional Receiving Party

Mark if additional names of receiving parties attached

Name

DBA/AKA/TA

Composed of

Address (line 1)

Address (line 2)

Address (line 3)

City

State/Country

Zip Code

Individual  General Partnership  Limited Partnership

Corporation  Association

Other

Citizenship/State of Incorporation/Organization

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**Trademark Application Number(s) or Registration Number(s)**

Mark if additional numbers attached

Enter either the Trademark Application Number or the Registration Number (DO NOT ENTER BOTH numbers for the same property).

**Trademark Application Number(s)**

**Registration Number(s)**

<input type="checkbox"/> 75423214	<input type="checkbox"/> 75423221	<input type="text"/>
<input type="checkbox"/> 75423215	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> 75423216	<input type="text"/>	<input type="text"/>
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<input type="checkbox"/> 75423220	<input type="text"/>	<input type="text"/>

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DAVIES COLLISON CAVE  
\*\*\* TO BE COLLECTED \*\*\*

## Certificate of the Registration of a Company

Corporations Law Paragraph 1274 (2) (b)

This is to certify that

**NOBEL (AUSTRALASIA) LIMITED**

**Australian Company Number 004 117 828**

is taken to be registered as a company under the  
Corporations Law of Victoria.

On the twenty-third day of June 1925 the company was registered as a  
**public company.**

On the eighteenth day of April 1929 the company converted to a  
**proprietary company and the name changed to**  
**NOBEL (AUSTRALASIA) PROPRIETARY LIMITED**

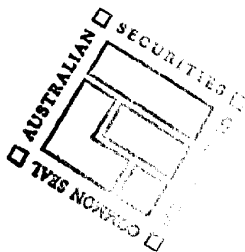
On the twenty-first day of November 1977 the company changed its name to  
**ICI AUSTRALIA OPERATIONS PROPRIETARY**  
**LIMITED**

On the second day of February 1998 the company changed its name to  
**ORICA AUSTRALIA PTY LTD**

The company is **limited by shares.**

The day of commencement of registration is  
**the twenty-third day of June 1925.**

Given under the seal of the  
Australian Securities Commission  
on this twenty-sixth day of February, 1998.



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A delegate of the Australian Securities Commission

TRADEMARK  
REEL: 1749 FRAME: 0769

# Vorys, Sater, Seymour and Pease LLP

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Facsimile (513) 723-4056



Writer's Direct Dial Number  
(614) 464-6383

June 22, 1998

## VIA U.S. EXPRESS MAIL

**Box Assignment**  
Assistant Commissioner for Trademarks  
2900 Crystal Drive  
Arlington VA 22202-3513

Dear Sir:

Enclosed is a certified copy of a Change of Name of ICI Australia Operations Proprietary Limited to Orica Australia Pty Ltd.

Please record this change of name against the seventeen (17) trademark applications to register the mark ORICA as shown on the attached sheet. Also enclosed is a our firm check in the amount of \$440 for recording the Change of Name against these applications.

Please stamp the enclosed postcard and return it to me.

Sincerely,

Joseph R. Dreitler

cc: PTO Accounting  
encl.