

MAD 8-4-99

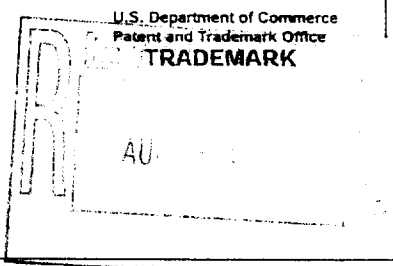
FORM PTO-1618A
Expires 06/30/99
OMB 0651-0027

08-05-1999



101110453

RECORDATION FORM COVER SHEET TRADEMARKS ONLY



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
- Merger
- Change of Name
- Other

Conveying Party

Mark if additional names of conveying parties attached

Name

Execution Date
Month Day Year

Formerly

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

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)

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

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.)

08/05/1999 NTHAI1 00000046 74696972
01 FC:481 40.00 OP
02 FC:482 1025.00 DP

FOR OFFICE USE ONLY

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: 001943 FRAME: 0610

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="74696972"/>	<input type="text" value="75269845"/>	<input type="text" value="75540132"/>	<input type="text" value="337669"/>	<input type="text" value="625300"/>	<input type="text" value="755936"/>
<input type="text" value="75154549"/>	<input type="text" value="75269798"/>	<input type="text" value="75597275"/>	<input type="text" value="536878"/>	<input type="text" value="690537"/>	<input type="text" value="854383"/>
<input type="text" value="75154550"/>	<input type="text" value="75445562"/>	<input type="text"/>	<input type="text" value="564845"/>	<input type="text" value="755935"/>	<input type="text" value="902569"/>

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.)

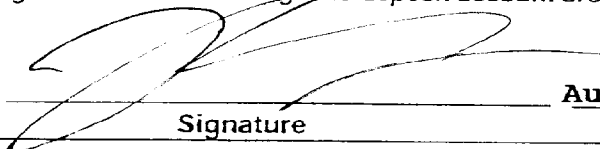
Deposit Account Number: #

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.

Robert C. Collins
Name of Person Signing



Signature

August 2, 1999
Date Signed

**RECORDATION FORM COVER SHEET
CONTINUATION
TRADEMARKS ONLY**

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

U.S. Department of Commerce
Patent and Trademark Office
TRADEMARK

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/AK/A/T/A

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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Registration Number(s)

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913204	1091273	1518784
1011907	1107105	1846627
1016289	1130265	1871864
1016535	1356359	1913043
1019876	1369876	26342
1031085	1418242	1916190

**RECORDATION FORM COVER SHEET
CONTINUATION
TRADEMARKS ONLY**

FORM PTO-1618C
Expires 06/30/99
OMB 0651-0077

U.S. Department of Commerce
Patent and Trademark Office
TRADEMARK

Conveying Party

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Mark if additional names of conveying parties attached

Execution Date
Month Day Year

Name

Formerly

Individual General Partnership Limited Partnership Corporation Association

Other

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Receiving Party

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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)

Registration Number(s)

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I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF AMENDMENT OF "BINDICATOR COMPANY LLC", CHANGING ITS NAME FROM "BINDICATOR COMPANY LLC" TO "VENTURE MEASUREMENT COMPANY LLC", FILED IN THIS OFFICE ON THE TWENTY-THIRD DAY OF NOVEMBER, A.D. 1998, AT 9 O'CLOCK A.M.



2837838 8100

991128134

A handwritten signature in cursive script, reading "Edward J. Freel".

Edward J. Freel, Secretary of State

AUTHENTICATION: 9671236

DATE: 04-06-99

**CERTIFICATE OF AMENDMENT TO CERTIFICATE OF FORMATION
OF
BINDICATOR COMPANY LLC**

It is hereby certified that:

1. The name of the limited liability company (hereinafter called the "limited liability company") is

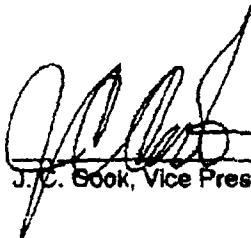
BINDICATOR COMPANY LLC

2. The certificate of formation of the limited liability company is hereby amended by striking out Article FIRST thereof and by substituting in lieu of said Articles the following new Article:

"FIRST: The name of the limited liability company (hereinafter called the "limited liability company") is Venture Measurement Company LLC."

The effective time for the amendment herein certified shall be December 1, 1998.

Executed on *November 19, 1998*



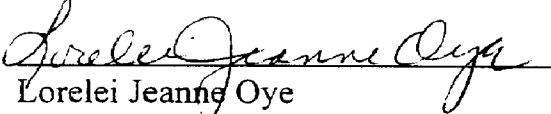
J.C. Book, Vice President

**CERTIFICATION OF TRUE COPY
BY NOTARY PUBLIC**

I hereby certify that the attached is a true copy of the True and Correct Copy of the Certificate of Amendment of "Bindicator Company LLC", changing its name from "Bindicator Company LLC" to "Venture Measurement Company LLC", dated 04-06-99.

State of Michigan)
)SS
County of Oakland)

Date: July 30, 1999


Lorelei Jeanne Oye
Notary Public, Oakland County, MI
My Commission Expires July 5, 2001