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Form PTO-1594
6-93

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To the Honorable Commissioner of Patents and Trademarks. Please record the attached original document and original thereof.

1. Name of conveying party(ies):

DuCoa, L.P.

2. Name and address of receiving party(ies):

Name: DCV, Inc.

Street Address: 3521 Silverside Road

Additional name(s) of conveying party(ies) attached? yes no

3. Nature of Conveyance:

- Assignment
- Security Agreement
- Other: Release of Lien on Trademarks
- Merger
- Change of Name

City: Wilmington State: DE Zip Code: 19810

Country: USA

Additional name(s) & address(es) attached? yes no

Execution Date: September 22, 2000

4. Application number(s) or patent number(s):

If this document is being filed together with a new application, the execution date of the application is:

A. Trademark Application No.(s)

B. Trademark Registration No.(s)

Celufix - Serial No. 75/255918

Additional numbers attached? yes no

5. Name and address of party to whom correspondence concerning document should be mailed:

Name: Mary M. McAteer

Internal Address: DCV, Inc.

Street Address: 3521 Silverside Road

City: Wilmington State: Delaware Zip Code: 19810

6. Total number of applications and registrations involved: 1

7. Total Fee (37 CFR § 3.41).....\$ 40.00

Enclosed Check No. _____

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8. Deposit Account No. 50-0929

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9. 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.

Mary M. McAteer

Name of Person Signing

Signature

Mary M. McAteer

Date

9-22-00

Total number of pages including cover sheet, attachments and documents 3

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