

12-08-2000



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HEET

11-15-00

**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
- Merger
- Change of Name
- Other

Effective Date  
Month Day Year  
**02/28/97**

**Conveying Party**

Mark if additional names of conveying parties attached

Name

Execution Date  
Month Day Year  
**02/28/97**

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)     
City State/Country Zip Code

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

**FOR OFFICE USE ONLY**

12/07/2000 11:41:01 00000255 162500 INC3697  
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Mail documents to be recorded with required cover sheet(s) information to:  
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**TRADEMARK**  
REEL: 002191 FRAME: 0312

TRADEMARK

Domestic Representative Name and Address

Enter for the first Receiving Party only.

MAILING # 2531577462705  
DATE OF RECEIPT  
SERVICE TO THE PATENT AND TRADEMARK OFFICE  
ADDRESS ABOVE IS SUBJECT TO THE COMMISSION ON PATENT AND TRADEMARKS

Name \_\_\_\_\_  
Address (line 1) \_\_\_\_\_  
Address (line 2) \_\_\_\_\_  
Address (line 3) \_\_\_\_\_  
Address (line 4) \_\_\_\_\_  
*Robert Schiff*  
(Typed or Printed Name of Person, Firm, or Other Entity)  
*[Signature]*  
(Signature of Person Making Report or Fee)

Correspondent Name and Address

Area Code and Telephone Number (212) 969-3938

Name Gregg Reed, Esq.  
Address (line 1) Proskauer Rose LLP  
Address (line 2) 1585 Broadway  
Address (line 3) New York, New York 10036  
Address (line 4) \_\_\_\_\_

Pages

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

# 2

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)

_____	_____	_____	1,863,697	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Number of Properties

Enter the total number of properties involved.

# 1

Fee Amount

Fee Amount for Properties Listed (37 CFR 3.41):

\$ 40

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:

# 16-2500

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.

Gregg Reed

*Gregg Reed*

11/15/00

Name of Person Signing

Signature

Date Signed

**SUPPORTING DOCUMENTATION FOR TRADEMARK  
CHANGE OF NAME DOCUMENTS IS**

**NO LONGER REQUIRED**

**UNDER THE**

**TRADEMARK LAW TREATY ACT**

**EFFECTIVE**

**OCTOBER 30, 1999**