

12.6.00

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Expires 6/30/99
OMB 0651-0027

12-26-2000

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



101560975

RECORDATION FORM COVER SHEET
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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 #
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Conveyance Type

- Assignment License
- Security Agreement Nunc Pro Tunc Assignment
- Merger
Effective Date
Month Day Year
- 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

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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

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12/21/2000 DNGUYEN 00000403 1867187

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01 RC:481 40.00 OP
02 RC:482 25.00 OP

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Mail documents to be recorded with required cover sheet(s) information to:
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REEL: 002201 FRAME: 0567

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Enter for the first Receiving Party only.

Name

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Correspondent Name and Address

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Pages

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

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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)

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:

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Authorization to charge additional fees:

Yes

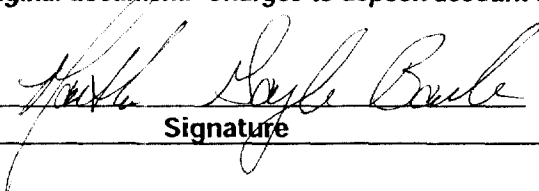
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Statement and Signature

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.

Martha Gayle Barber

Name of Person Signing



Signature

12-4-2000

Date Signed

State of Delaware
Office of the Secretary of State PAGE 1

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "BANKAMERICA CORPORATION", FILED A RESTATED CERTIFICATE, CHANGING ITS NAME TO "BANK OF AMERICA CORPORATION", THE TWENTY-EIGHTH DAY OF APRIL, A.D. 1999, AT 12:30 O'CLOCK P.M.



A handwritten signature in black ink, appearing to read "Edward J. Freel".

Edward J. Freel, Secretary of State

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AUTHENTICATION: 9883192

DATE: 07-23-99

RECORDED: 12/06/2000

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