

02-02-2001

WENMM 1618A (12-99)

FORM PTO-1618A

Expires 6-30-99, OMB 0651-0027



RECORDED

101602936

C 1-26-01

TRADEMARKS ONLY

6

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

Submission Type

Conveyance Type

New

Resubmission (Non-Recordation)
Document ID#

Correction of PTO Error
Reel # Frame #

Corrective Document
Reel # 001979 Frame # 0157

Assignment License

Security Agreement Merger

Nunc Pro Tunc Effective Date
 Assignment Month Day Year

Change of Name Other

Mark if additional names of conveying parties attached

08/12/1997

Conveying Party(ies)

Name CASCADE (CANADA) INC. (an Ontario corporation)

Execution Date
Month Day Year

Formerly

09/01/1997

Individual General Partnership Limited Partnership

Corporation Association

Other _____

Citizenship/State of Incorporation/Organization: ONTARIO, CANADA

386 436

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 is attached. (Designation must be a separate document from Assignment.)

Receiving Party

Mark if additional names of receiving party attached

Name CASCADE (ONTARIO) INC. (an Ontario corporation)

DBA/AKA/TA:

Composed of:

Address (line 1) 5570 Timberlea Boulevard

Address (line 2)

| | | | |
|------------------|-------------|----------------|----------|
| Address (line 3) | Mississauga | Ontario/Canada | L4W 4M6 |
| | City | State/Country | Zip Code |

Individual General Partnership Limited Partnership

Corporation Association

Other _____

Citizenship/State of Incorporation/Organization: ONTARIO, CANADA

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 is attached. (Designation must be a separate document from Assignment.)

FOR OFFICE USE ONLY

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

12083-3:Susan:114910

TRADEMARK
REEL: 002227 FRAME: 0664

02/02/2001 DBYRE
08/12/1997
08/12/1997

FORM PTO-1618B

Expires 6-30-99, OMB 0651-0027

Page 2

Domestic Representative Name and Address

Enter for the first Receiving Party only.

Name **Gregory B. Coy**Address (line 1) **Woodard, Emhardt, Naughton, Moriarty & McNett**Address (line 2) **111 Monument Circle, Suite 3700**Address (line 3) **Bank One Center/Tower**Address (line 4) **Indianapolis, Indiana****46204-5137****Correspondent Name and Address**Area Code and Telephone Number
(317) 634-3456

Name

Gregory B. Coy

Address (line 1)

Woodard, Emhardt, Naughton, Moriarty & McNett

Address (line 2)

111 Monument Circle, Suite 3700

Address (line 3)

Bank One Center/Tower

Address (line 4)

Indianapolis, Indiana 46204-5137**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)**

386,436

718,245

Number of properties

Enter the total number of properties involved

#2

Fee Amount

Fee Amount for Properties Listed (37 CFR 3.41):

\$65.00

Method of Payment:

Deposit Account

Enclosed Deposit Account

Deposit Account

(Enter for payment by deposit account or if additional fees can be charged to the account):

Deposit Account Number: 20-3030

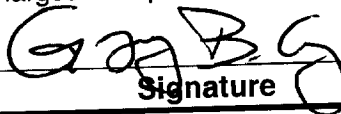
Authorization to charge additional fees:

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.

Gregory B. Coy

Name of Person Signing



Signature

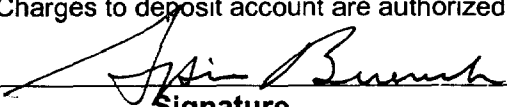
 January 23, 2001
 Date

| Domestic Representative Name and Address | | Enter for the first Receiving Party |
|--|---|-------------------------------------|
| Name | Spiro Bereveskos | |
| Address (line 1) | Woodard, Emhardt, Naughton, Moriarty & McNett | |
| Address (line 2) | 111 Monument Circle, Suite 3700 | |
| Address (line 3) | Bank One Center/Tower | |
| Address (line 4) | Indianapolis, Indiana 46204-5137 USA | |

| Correspondent Name and Address | | Area Code and Telephone Number: 317-634-3456 |
|--------------------------------|--|--|
| Name | Spiro Bereveskos | |
| Address (line 1) | Woodard, Emhardt, Naughton, Moriarty & McNett | |
| Address (line 2) | 111 Monument Circle, Suite 3700 | |
| Address (line 3) | Bank One Center/Tower | |
| Address (line 4) | Indianapolis, Indiana 46204-5137 | |
| Pages | Enter the total number of pages of the attached conveyance document including any attachments. | # 2 |

| Trademark Application Number(s) or Registration Number(s) | | <input type="checkbox"/> 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) |
| | | 386,436 |
| | | 718,245 |

| Number of properties | | Enter the total number of properties involved | # 2 |
|---|--|---|-----------------------------|
| Fee Amount | | Fee Amount for Properties Listed (37 CFR 3.41): | \$ 66 130 |
| Method of Payment: Deposit Account | Enclosed <input checked="" type="checkbox"/> | Deposit Account <input type="checkbox"/> | |
| (Enter for payment by deposit account or if additional fees can be charged to the account). | | | |
| | Deposit Account Number | # 23-3030 | |
| | Authorization to charge additional fees: | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |

| 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. | | |
| Spiro Bereveskos |  | 10/17/99 |
| Name of Person Signing | Signature | Date |



Ministry of Consumer and Commercial Relations

Ministère de la Consommation et du Commerce

CERTIFICATE

This is to certify that these articles are effective on

CERTIFICAT

Ceci certifie que les présents statuts entrent en vigueur le

1251798

AUGUST 20 1997, 1998

W. D. [Signature]

Director / Directeur Business Corporations Act / Loi sur les sociétés par actions

TRANS CODE

C

ARTICLES OF AMENDMENT / STATUTS DE MODIFICATION

Form 3 Business Corporations Act / Formulaire numéro 3 Loi sur les compagnies

1. The present name of the corporation is: / Dénomination sociale actuelle de la compagnie:

Table with 2 rows and 15 columns containing: CASCADÉ (CANADA) INC.

2. The name of the corporation is changed to (if applicable): / Nouvelle dénomination sociale de la compagnie (s'il y a lieu):

Table with 2 rows and 15 columns containing: CASCADÉ (ONTARIO) INC.

3. Date of incorporation/amalgamation: / Date de la constitution ou de la fusion:

1 September 1997

(Day, Month, Year) / (jour, mois, année)

4. The articles of the corporation are amended as follows: / Les statuts de la compagnie sont modifiés de la façon suivante:

To change the name of the Corporation to CASCADÉ (ONTARIO) INC.

- 5. The amendment has been duly authorized as required by Sections 168 & 170 (as applicable) of the Business Corporations Act. La modification a été dûment autorisée conformément à l'article 168 et, s'il y a lieu, à article 170 de la Loi sur les compagnies.
- 6. The resolution authorizing the amendment was approved by the shareholders/directors (as applicable) of the corporation on Les actionnaires ou les administrateurs (le cas échéant) de la compagnie ont approuvé la résolution autorisant la modification

12th August 1998
(Day, Month, Year)
(jour, mois, année)


These articles are signed in duplicate.

Les présents status sont signés en double exemplaire.

CASCADE (CANADA) INC.

(Name of Corporation)
(Dénomination sociale de la compagnie)

By/Par:


(Signature) (Description of Office)
(Fonction)



Ministry of
Ontario
Consumer and
Commercial Relations

Ministère de
la Consommation
et du Commerce

CERTIFICATE

This is to certify that these
articles are effective on

CERTIFICAT

Ceci certifie que les présents
statuts entrent en vigueur le

September 29 1997, 1998

1251798

M. J. L...

Director / Directeur
Business Corporations Act / Loi sur les sociétés par actions

TRANS
CODE

C

**ARTICLES OF AMENDMENT
STATUTS DE MODIFICATION**

Form 3
Business
Corporations
Act
Formule
numéro 3
Loi
sur les
compagnies

1. The present name of the corporation is:

Dénomination sociale actuelle de la compagnie:

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|--|---|---|---|---|---|---|---|---|--|---|---|---|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| C | A | S | C | A | D | E | | (| C | A | N | A | D | A |) | | I | N | C | . | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|--|---|---|---|---|---|---|---|---|--|---|---|---|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

2. The name of the corporation is changed to (if applicable):

Nouvelle dénomination sociale de la compagnie (s'il y a lieu):

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|--|---|---|---|---|---|---|---|---|---|--|---|---|---|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| C | A | S | C | A | D | E | | (| O | N | T | A | R | I | O |) | | I | N | C | . | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|--|---|---|---|---|---|---|---|---|---|--|---|---|---|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

3. Date of incorporation/amalgamation:

Date de la constitution ou de la fusion:

1 September 1997

(Day, Month, Year)
(jour, mois, année)

4. The articles of the corporation are amended as follows:

Les statuts de la compagnie sont modifiés de la façon suivante:

To change the name of the Corporation
to CASCADE (ONTARIO) INC.

- 5. The amendment has been duly authorized as required by Sections 168 & 170 (as applicable) of the Business Corporations Act. La modification a été dûment autorisée conformément à l'article 168 et, s'il y a lieu, à article 170 de la Loi sur les compagnies.

- 6. The resolution authorizing the amendment was approved by the shareholders/directors (as applicable) of the corporation on Les actionnaires ou les administrateurs (le cas échéant) de la compagnie ont approuvé la résolution autorisant la modification

12th August 1998
(Day, Month, Year)
(jour, mois, année)

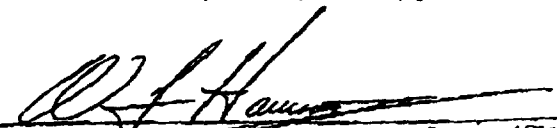
These articles are signed in duplicate.

Les présents status sont signés en double exemplaire.

CASCADE (CANADA) INC.

(Name of Corporation)
(Dénomination sociale de la compagnie)

By/Par:

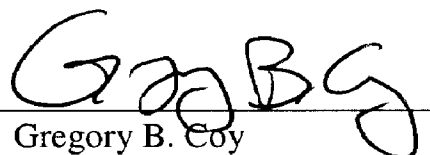

(Signature)
(Fonction)

Cascade (Ontario) Inc. The instrument evidencing this name change is attached to the newly submitted Recordation Form Cover Sheet.

Enclosed are: (1) a new (corrected) cover sheet; (2) the originally recorded document, including the original cover sheet having errors thereon; (3) a check in the amount of \$65.00 and (4) a return postcard. By way of this submission, it is respectfully requested that the Office correct the previous recordation to reflect the information contained in the new cover sheet submitted herewith.

Please charge any additional fees or credit any overpayment relating to this request to our Deposit Account No. 23-3030.

Respectfully submitted,

By: 

Gregory B. Coy
Reg. No. 40,967
Woodard, Emhardt, Naughton
Moriarty & McNett
Bank One Center/Tower
111 Monument Circle, Suite 3700
Indianapolis, Indiana 46204-5137
(317) 634-3456

12083-3:Susan:114904