

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

04-19-2001

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



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**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
  - Merger
  - Change of Name
  - Other \_\_\_\_\_
- Effective Date  
Month Day Year  
**August 8, 2000**

**Conveying Party**

Mark if additional names of conveying parties attached

Name **Lunar Corporation**

Execution Date  
Month Day Year  
**August 8, 2000**

Formerly \_\_\_\_\_

- Individual
- General Partnership
- Limited Partnership
- Corporation
- Association
- Other \_\_\_\_\_
- Citizenship/State of Incorporation/Organization **Wisconsin**

**Receiving Party**

Mark if additional names of receiving parties attached

Name **GE Lunar Corporation**

DBA/AKA/TA \_\_\_\_\_

Composed of \_\_\_\_\_

Address (line 1) **726 Heartland Trail**

Address (line 2) \_\_\_\_\_

Address (line 3) **Madison** **Wisconsin** **53717**

City

State/Country

Zip Code

- Individual
- General Partnership
- Limited Partnership
- Corporation
- Association
- Other \_\_\_\_\_
- Citizenship/State of Incorporation/Organization **Wisconsin**

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.)

04/24/2001 GTON11 00000104 170055 75641550

**FOR OFFICE USE ONLY**

01 FC:481 40.00 CH  
02 FC:482 325.00 CH

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 Practices. 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

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**TRADEMARK**  
**REEL: 002233 FRAME: 0513**

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

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

**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="75/641,550"/>	<input type="text" value="75/642,987"/>	<input type="text" value="75/312,997"/>	<input type="text" value="1,704,011"/>	<input type="text" value="1,570,689"/>	<input type="text" value="2,102,107"/>
<input type="text" value="75/870,830"/>	<input type="text" value="75/620,178"/>	<input type="text"/>	<input type="text" value="1,928,865"/>	<input type="text" value="1,487,416"/>	<input type="text" value="1,938,837"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="2,040,700"/>	<input type="text" value="2,112,848"/>	<input type="text" value="2,405,299"/>

**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.

Cheryl M. Smukowski Cheryl Smukowski January 17, 2001  
Name of Person Signing Signature Date Signed

FGN  
180 181 183  
2/00

United States of America  
State of Wisconsin



DEPARTMENT OF FINANCIAL INSTITUTIONS

To All to Whom These Presents Shall Come, Greeting:

I, RAY ALLEN, Administrator of the Division of Corporate & Consumer Services of the Department of Financial Institutions, do hereby certify that articles of merger of

**TOPAZ MERGER CORPORATION, a Wisconsin domestic corporation (non-survivor)**

into

**LUNAR CORPORATION, a Wisconsin domestic corporation (survivor)**

**and changing the name of the survivor to the present name of GE LUNAR CORPORATION.**

were duly filed with this department on AUGUST 8, 2000.



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the official seal of the Department on January 12, 2001.

RAY ALLEN, Administrator  
Division of Corporate & Consumer Services  
Department of Financial Institutions

BY:

Effective July 1, 1996, the Department of Financial Institutions assumed the functions previously performed by the Corporations Division of the Secretary of State and is the successor custodian of corporate records formerly held by the Secretary of State.