

02-26-2001



101619403

2-13-01

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

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

Address (line 1)

Address (line 2)

Address (line 3)

City State/Country Zip Code

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

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.)

02/23/2001 AANMED1 00000146 181350 973405

FOR OFFICE USE ONLY

01 FC:481 40.00 DP  
02 FC:482 15.00 CH 160.00 DP

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 Practice. 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

**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"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="973405"/>	<input type="text" value="1669485"/>	<input type="text" value="2024405"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="1084819"/>	<input type="text" value="1821375"/>	<input type="text" value="2090534"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="1089212"/>	<input type="text" value="1949040"/>	<input type="text"/>

**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.

R. Brant Latham - Reg. No. 30,013

February 9, 2001

Name of Person Signing

Signature

Date Signed

Ministry of  
Consumer and  
Commercial Relations  
Business Division  
Companies Branch  
393 University Ave Suite 200  
Toronto ON M5G 2M2

Ministère de  
la Consommation  
et du Commerce  
Division des affaires commerciales  
Direction des compagnies  
393 ave University Bureau 200  
Toronto ON M5G 2M2



Certified as a true copy of.....  
microfiche page(s) of documents  
which are extracted from the  
records of the Companies Branch  
of the Province of Ontario.  
Certified s.n

Copie certifiée conforme à  
page(s) microfiche de documents  
extraits des dossiers publics de la  
Direction des compagnies de la  
Province de l'Ontario.  
Copie certifiée conforme à

22 DEC 2000

Director (A)  
Companies Branch  
Ministry of Consumer  
and Commercial Relations  
Toronto, Ontario

Directrice intérimaire  
Direction des compagnies  
Ministère de la Consommation  
et du Commerce  
Toronto, Ontario



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 aux articles 168 et 170 (selon le cas) de la Loi sur les sociétés par actions.

6. The resolution authorizing the amendment was approved by the shareholders/directors (as applicable) of the corporation on

La actionnaires ou les administrateurs (selon le cas) de la société on approuvé la résolution autorisant la modification le

2000/09/18

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

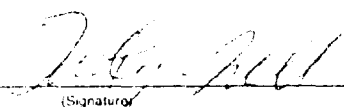
These articles are signed in duplicate.

Les présents statuts sont signés en double exemplaire.

OFFICE SPECIALTY INC.

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

By/Par:



(Signature)  
(Signature)

Bartley F. Bull

Chief Financial Officer

(Description of Office)  
(Fonction)