

04-05-2001

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Expires 06/30/99  
OMB 0651-0027



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U.S. Department of Commerce  
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- Resubmission (Non-Recordation)  
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- Correction of PTO Error  
Reel #  Frame #
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Conveyance Type

- Assignment  License
- Security Agreement  Nunc Pro Tunc Assignment
- Merger
- Change of Name
- Other

Effective Date  
Month Day Year  
03 17 2000

Conveying Party

Mark if additional names of conveying parties attached  
Execution Date  
Month Day Year

Name

Formerly

- Individual  General Partnership  Limited Partnership  Corporation  Association

Other

Citizenship/State of Incorporation/Organization

Receiving Party

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Name

DBA/IAKAITA

Composed of

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Other

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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.)

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Name

Address (line 1)

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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)		
<input type="text" value="75357681"/>	<input type="text" value="75623795"/>	<input type="text"/>	<input type="text" value="1217173"/>	<input type="text" value="1158683"/>	<input type="text" value="1504461"/>
<input type="text" value="75357683"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="1318800"/>	<input type="text" value="2087427"/>	<input type="text" value="1794061"/>
<input type="text" value="75357682"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="2012219"/>	<input type="text" value="1866516"/>	<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

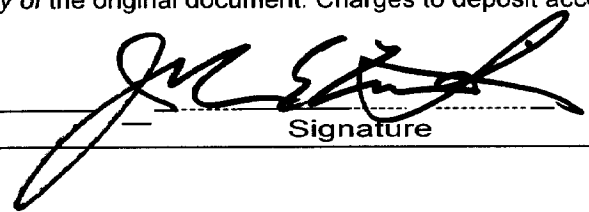
No

**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.

John E. McKie

Name of Person Signing



Signature

March 14, 2001

Date Signed

# Apostille

(Convention de La Haye du 5 Octobre 1961)

1. Country: *United States of America*

*This public document:*

2. *has been signed by Harriet Smith Windsor*

3. *acting in the capacity of Secretary of State of Delaware*

4. *bears the seal/stamp of Office of Secretary of State*

## Certified

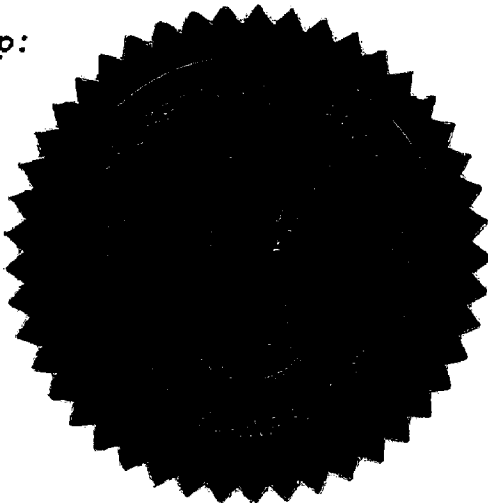
5. *at Dover, Delaware*

6. *the tenth day of January, A.D. 2001*

7. *by Secretary of State, Delaware Department of State*

8. *No. 0144435*

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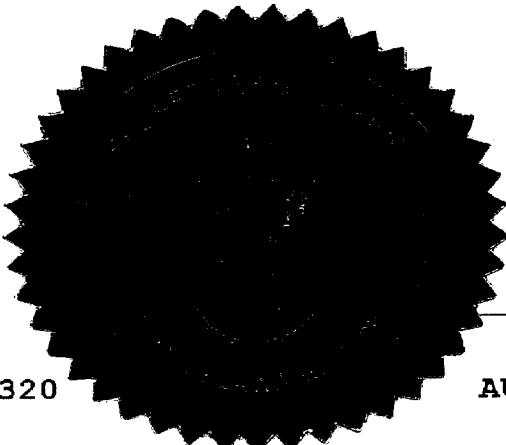
*Harriet Smith Windsor*  
Secretary of State

*State of Delaware*  
*Office of the Secretary of State*

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PAGE 1

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "TABLETOP ACQUISITION CORP.", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "MERISANT COMPANY", THE SEVENTEENTH DAY OF MARCH, A.D. 2000, AT 9 O'CLOCK A.M.



*Harriet Smith Windsor*

Secretary of State

3143413 8320

AUTHENTICATION: 0908872

010015882

DATE: 01-10-01

RECORDED: 03/19/2001

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