

08-14-2001



101810725

Docket No.:

T19,732 USA

Tab settings

To the Honorable Commissioner of Patents

attached original documents or copy thereof.

1. Name of conveying party(ies):

DNZ Limited Partnership

8-6-01

2. Name and address of receiving party(ies):

Name: Dimensions, Inc.

Internal Address: _____

Street Address: 1801 N. 12th Street

City: Reading State: PA ZIP: 19604

- Individual(s)
- General Partnership
- Corporation-State
- Other _____
- Association
- Limited Partnership

- Individual(s) citizenship _____
- Association _____
- General Partnership _____
- Limited Partnership _____
- Corporation-State Pennsylvania
- Other _____

If assignee is not domiciled in the United States, a domestic representative designation is attached: Yes No
(Designations must be a separate document from Assignment)
Additional name(s) & address(es) attached? Yes No

Additional names(s) of conveying party(ies) attached? Yes No

3. Nature of conveyance:

- Assignment
- Security Agreement
- Other Cancellation of Certificate of Domestic LP
- Merger
- Change of Name

Execution Date: November 28, 2000

4. Application number(s) or registration numbers(s):

A. Trademark Application No.(s)

B. Trademark Registration No.(s)

1,909,361

Additional numbers attached? Yes No

5. Name and address of party to whom correspondence concerning document should be mailed:

Name: Bryna S. Silver

Internal Address: _____

Street Address: Synnestvedt & Lechner,

2600 Aramark Tower, 1101 Market Street

City: Philadelphia State: PA ZIP: 19107

6. Total number of applications and registrations involved:.....

1

7. Total fee (37 CFR 3.41):.....\$ \$40.00

- Enclosed
- Authorized to be charged to deposit account

8. Deposit account number:

08/13/2001 LINDSEY 00000089 1909361

DO NOT USE THIS SPACE

01 FC:481

40.00 \$P

9. 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.

Bryna S. Silver/Attorney for Applicant

Name of Person Signing

Bryna S. Silver

Signature

August 1, 2001

Date

Total number of pages including cover sheet, attachments, and document: _____

TRADEMARK



NORTH CAROLINA

Department of The Secretary of State

To all whom these presents shall come, Greetings:

I, **ELAINE F. MARSHALL**, Secretary of State of the State of North Carolina, do hereby certify the following and hereto attached to be a true copy of

CANCELLATION OF CERTIFICATE OF DOMESTIC LIMITED PARTNERSHIP

OF

DNZ LIMITED PARTNERSHIP

the original of which was filed in this office on the 7th day of December, 2000.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 7th day of December, 2000

Elaine F. Marshall

Secretary of State

Document Id: 203429015

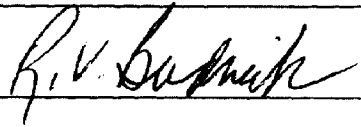
TRADEMARK
REEL: 002348 FRAME: 0055

Cancellation of Certificate of Domestic or Foreign Limited

203429015

A. Return Acknowledgement to: Name: Connie M. Mulleady Mailing Address: Moore & Van Allen, PLLC City/State/Zip: Return to MVA Box	Office Use Only
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Read Instructions on reverse before beginning. Attach additional pages as needed and complete appropriate section.

<input type="checkbox"/> B. DOMESTIC LIMITED PARTNERSHIP CANCELLATION	No. of pages attached:		
1. Name of limited partnership: DNZ Limited Partnership			
2. Date originally filed with Secretary of State: 3/24/97 3. Number originally assigned by Secretary of State: 0970312			
4. Reason for cancellation: The limited partner has sold its interest to the general partner and withdrawn, and the limited partner and the general partner have agreed to terminate the partnership.			
5. Effective date of cancellation (not to exceed 90 days from this filing by Secretary of State): Upon filing			
6. Any other information partners wish to present:			
7. The following signatures by each general partner constitute an affirmation under the penalties of perjury that the facts herein are true.			
Complete for each general partner.	Signature Date		
1. Name Dimensions, Inc.			
Title By: Ronald V. Budnick, Vice President			
2. Name			
Title			
3. Name			
Title			
<input type="checkbox"/> C. FOREIGN LIMITED PARTNERSHIP CANCELLATION	No. of pages attached:		
1. Name of limited partnership:			
2. Name used to transact business in N.C., if different:			
3. Date originally filed with N.C. Secretary of State:	4. Number originally assigned by N.C. Secretary of State:		
5. Reason for cancellation:			
6. Effective date of cancellation (not to exceed 90 days from this filing by N.C. Secretary of State):			
7. Any other information partners wish to present:			
8. The following signature by one general partner constitutes an affirmation under penalty of perjury that the facts herein are true:			
Type or print name	Title	Signature	Date

NOTES:

1. Filing fee is \$25.00. This document and one exact or conformed copy must be filed with the Secretary of State.

(Revised January 2000)

CORPORATIONS DIVISION

P.O. BOX 29622

Form LP-03

RALEIGH, NC 27626-0622