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To the Honorable Commissioner of Patents and Trademarks: Please record the attached original documents or copy thereof.

<p>1. Name of conveying party(ies): TYDAC RESEARCH, INC.</p> <p><input type="checkbox"/> Individual(s) <input type="checkbox"/> Association <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership <input checked="" type="checkbox"/> Corporation-State <input type="checkbox"/> Other _____</p> <p>Additional name(s) of conveying party(ies) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>		<p>2. Name and address of receiving party(ies) Name: <u>PCI GEOMATICS ENTERPRISES, INC.</u> Internal Address: _____ Street Address: <u>50 West Wilmot Street</u> City: <u>Richmond Hill</u> State: <u>Ontario</u> Zip: <u>L4B 1M5</u> CANADA <input type="checkbox"/> Individual(s) citizenship _____ <input type="checkbox"/> Association _____ <input type="checkbox"/> General Partnership _____ <input type="checkbox"/> Limited Partnership _____ <input checked="" type="checkbox"/> Corporation-State _____ <input type="checkbox"/> Other _____</p> <p>If assignee is not domiciled in the United States, a domestic representative designation is attached: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (Designations must be a separate document from assignment) Additional name(s) & address(es) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	
<p>3. Nature of conveyance: <input checked="" type="checkbox"/> Assignment <input type="checkbox"/> Merger <input type="checkbox"/> Security Agreement <input type="checkbox"/> Change of Name <input type="checkbox"/> Other _____</p> <p>Execution Date: <u>Effective 29 November 2000</u></p>			
<p>4. Application number(s) or registration number(s): A. Trademark Application No.(s) B. Trademark Registration No.(s) See Attached List</p> <p>Additional number(s) attached <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>			
<p>5. Name and address of party to whom correspondence concerning document should be mailed: Name: <u>A. John Armstrong</u> Internal Address: <u>Arthur John Armstrong, P.C.</u> _____ _____ Street Address: <u>1364 Beverly Road, Suite 300</u> _____ _____ City: <u>McLean</u> State: <u>VA</u> Zip: <u>22101</u></p>		<p>6. Total number of applications and registrations involved: 6</p> <p>7. Total fee (37 CFR 3.41).....\$ <u>\$165.00</u> <input checked="" type="checkbox"/> Enclosed <input type="checkbox"/> Authorized to be charged to deposit account</p> <p>8. Deposit account number: _____ (Attach duplicate copy of this page if paying by deposit account)</p>	
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<p>9. Statement and signature. <i>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.</i></p> <p><u>A. John Armstrong</u> <u>[Signature]</u> <u>August 15, 2001</u> Name of Person Signing Signature Date</p> <p>Total number of pages including cover sheet, attachments, and document: 7</p>			

09/04/2001 TDIAZ1 00000033 1545203

Mail documents to be recorded with required cover sheet information to:
Commissioner of Patent & Trademarks, Box Assignments
Washington, D.C. 20231

01 FC:481
02 FC:482

40.00 OP
125.00 OP

TRADEMARK
REEL: 002361 FRAME: 0370

TYDAC RESEARCH INC. REGISTERED MARKS

<u>Registration Date</u>	<u>Name</u>	<u>Class</u>	<u>®#</u>
Reg. 06/27/89	SPANS®	9/ 16	1,545,203®
Reg. 02/06/90	TYDAC® (logo)	9/ 42	1,581,164®
Reg. 02/13/90	TYDAC®	9/ 42	1,582,304®
Reg. 04/23/96	SPANS EXPLORER®	9	1,969,470®
Reg. 09/09/97	SPANS Observer®	9	2,094,746®
Reg. 5/18/99	SPANS VISUAL MODELER®	9	2,245,567®

PCI GEOMATICS ENTERPRISES, INC.

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DESIGNATION OF DOMESTIC REPRESENTATIVE

The following is hereby appointed applicant's (PCI Geomatics Enterprises, Inc.) representative upon whom notice or process in the proceedings affecting the following marks may be served.

<u>Identify the Mark</u>	<u>Registration No</u>
SPANS®	1,545,203
TYDAC® (logo)	1,581,164
TYDAC®	1,582,304
SPANS EXPLORER®	1,969,470
SPANS Observer®	2,094,746
SPANS VISUAL MODELER®	2,245,567

Representative's Name: Arthur John Armstrong

Street Address: 1364 Beverly Road
Suite 300


City: McLean

State: Virginia

Zip Code: 22101

Firm Name: Arthur John Armstrong, P.C.

Phone Number: 703-356-3100



Initials

**ATTACHMENT TO ITEM 2
DOMESTIC REPRESENTATIVE
PAGE 2**

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The USPTO is authorized to communicate with the applicant's representative via e-mail.



Robert Moses
President
PCI Geomatics Enterprises, Inc.
This 1st day of August 2001

