

09-05-2001



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Form PTO-1594 (Rev. 03/01) OMB No. 0651-0027 (exp. 5/31/2002) Tab settings ⇌ ⇌ ⇌ ▼ ▼ ▼ ▼ ▼ ▼ ▼		<b>RECORDATION FORM COVER SHEET</b> <b>TRADEMARKS ONLY</b>		U.S. DEPARTMENT OF COMMERCE U.S. Patent and Trademark Office	
To the Honorable Commissioner of Patents and Trademarks: Please record the attached original documents or copy thereof.					
1. Name of conveying party(ies): TYDAC TECHNOLOGIES, INC. <i>8-1501</i>			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> <u>CANADA</u>		
<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 _____			<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 _____		
Additional name(s) of conveying party(ies) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			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		
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 _____ Execution Date: <u>Effective 29 November 2000</u>					
4. Application number(s) or registration number(s): A. Trademark Application No.(s)			B. Trademark Registration No.(s) <u>2,212,668</u>		
Additional number(s) attached <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
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>			6. Total number of applications and registrations involved: ..... <span style="border: 1px solid black; padding: 2px;">1</span>		
			7. Total fee (37 CFR 3.41).....\$ <u>40.00</u> <input checked="" type="checkbox"/> Enclosed <input type="checkbox"/> Authorized to be charged to deposit account		
			8. Deposit account number: _____ (Attach duplicate copy of this page if paying by deposit account)		
<b>DO NOT USE THIS SPACE</b>					
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>					
<u>A. John Armstrong</u> Name of Person Signing		 Signature		<u>August 15, 2001</u> Date	
Total number of pages including cover sheet, attachments, and document: <span style="border: 1px solid black; padding: 2px;">4</span>					

Mail documents to be recorded with required cover sheet information to:  
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 Washington, D.C. 20231

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**TRADEMARK**  
**REEL: 002361 FRAME: 0718**

**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.

**Identify the Mark**

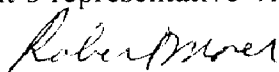
**Registration No**

SPANS AUTHOR®

2,212,668

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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

