

02-27-2002
101994348

**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 2.11.02
- 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 Effective Date
Month Day Year
- Change of Name
- Other

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

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 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.)
- Corporation Association
- Other
- Citizenship/State of Incorporation/Organization

02/26/2002 DBYRNE 00000101 2466185

FOR OFFICE USE ONLY

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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="2466185"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<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:

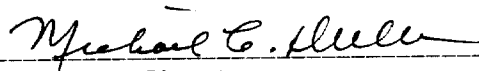
Yes

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.

Michael C. Duban



1/2/02

Name of Person Signing

Signature

Date Signed

ASSIGNMENT OF TRADEMARK

WHEREAS, Vitamin City (NY), Inc. ("Assignor"), having its principal offices at 90 Orville Drive, Bohemia, New York 11716, has adopted, used, is using and is the owner of the trademark filed in the United States Patent and Trademark Office, known as VITAMINCITY, Registrationl No. 2,466,185 (the "Mark").

WHEREAS, Nutrition Headquarters (Mineola), Inc., a New York corporation ("Assignee"), having its principal offices at 90 Orville Drive, Bohemia, New York 11716, is desirous of acquiring the Mark.

NOW, THEREFORE, in consideration of the sum of Ten Dollars (\$10.00) and other good and valuable consideration, the receipt of which is hereby acknowledged, Assignor hereby assigns to Assignee all right, title and interest in the United States in and to the Mark together with the goodwill of the business symbolized by the Mark and registrations thereof, together with all claims for damages by reason of past infringement of the Mark and registration, with the right to sue for and collect the same.

Signed in Bohemia, New York, this 17th day of December, 2001.

VITAMIN CITY (NY), INC.

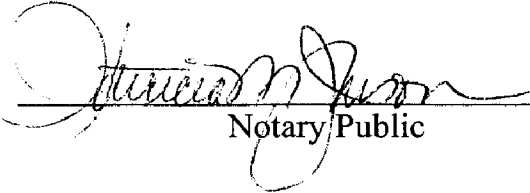
By: Michael C. Duban
Name: MICHAEL C. DUBAN
Title: VICE PRESIDENT-LEGAL

ATTEST:

Secretary

STATE OF NEW YORK)
) ss.:
COUNTY OF SUFFOLK)

On the 17th day of December in the year 2001, before me, the undersigned, a Notary Public in and for said state, personally appeared Michael C. DUDAN, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that she/he executed the same in her/his capacity and that by her/his signature on the instrument, the individual, or the person upon behalf of which the individual acted, executed the instrument.



Notary Public

**PATRICIA M. JOHNSON
NOTARY PUBLIC, STATE OF NEW YORK
NO. 0106061513
QUALIFIED IN NASSAU COUNTY
COMMISSION EXPIRES 7/16/03**