



6.25-02

Corrective

07-02-2002

Form PTO-1054 (Rev. 03/01) OMB No. 0651-0027 (exp. 5/31/2002) Tab settings → → → ▼ ▼ ▼		<b>RECORDATION OF TRADEMARK</b>  102135156	COMMERCE Patent Office
To the Honorable Commissioner of Patents and Trademarks: Please record the attached original documents or copy thereof.			
<b>1. Name of conveying party(ies):</b>  <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 <u>Original: R. I. du Pont de Nemours &amp; Co.</u>  Additional name(s) of conveying party(ies) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>2. Name and address of receiving party(ies):</b> Name: <u>XYMOD, L. L. C.</u> Internal Address: _____ Address: _____  Street Address: <u>109 SOUTH PERRY STREET</u> City: <u>PETERSBURG</u> State: <u>VA</u> Zip: <u>23808</u>  <input type="checkbox"/> Individual(s) citizenship _____ <input type="checkbox"/> Association _____ <input type="checkbox"/> General Partnership _____ <input checked="" type="checkbox"/> Limited Partnership _____ <input type="checkbox"/> Corporation-State _____ <input type="checkbox"/> Other _____ <small>If assignee is not domiciled in the United States, a domestic representative designation is attached: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No          (Designations must be a separate document from assignment)          Additional name(s) &amp; address(es) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</small>	
<b>3. Nature of conveyance:</b> <input type="checkbox"/> Assignment <input type="checkbox"/> Merger <input type="checkbox"/> Security Agreement <input type="checkbox"/> Change of Name <input checked="" type="checkbox"/> Other <u>To correct incorrect registration no.</u> Execution Date: _____			
<b>4. Application number(s) or registration number(s):</b> A. Trademark Application No.(s) <u>Wrong Reg. no 1847699 R/F 032232/0652</u>  Additional number(s) attached <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		B. Trademark Registration No.(s) <u>Correct Reg. no. 1874699</u>	
<b>5. Name and address of party to whom correspondence concerning document should be mailed:</b> Name: <u>LAWRENCE ISAKOFF</u> Internal Address: _____ _____ _____ Street Address: <u>1425 DRAKE ROAD</u> _____ City: <u>WILMINGTON</u> State: <u>DE</u> Zip: <u>19813</u>		<b>6. Total number of applications and registrations involved:</b> <span style="border: 1px solid black; padding: 2px;">1</span>  <b>7. Total fee (37 CFR 3.41)..... \$ 40.00</b> <input type="checkbox"/> Enclosed <input checked="" type="checkbox"/> Authorized to be charged to deposit account  <b>8. Deposit account number:</b> <u>500729</u> (Attach duplicate copy of this page if paying by deposit account)	
<b>DO NOT USE THIS SPACE</b>			
<b>9. Statement and signature.</b> 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.  <u>LAWRENCE ISAKOFF</u> Name of Person Signing		 Signature <u>JUNE 25, 2002</u> Date	
<small>Total number of pages including cover sheet, attachments, and document: <span style="border: 1px solid black; padding: 2px;">9</span>          Mail documents to be recorded with required cover sheet information to:          Commissioner of Patent &amp; Trademarks, Box Assignments          Washington, D.C. 20531</small>			

ISAKOFF PATENT AGENT  
OPR/ASSIGNMENTS

FAX NO. :3024786522  
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RightFAX

FROM : ISAKOFF PATENT AGENT

FAX NO. :3024786522

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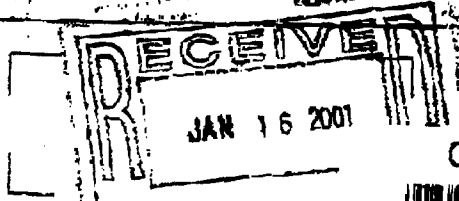
**SCHEDULE**

<u>Trademark</u>	<u>Registration No.</u>	<u>Date of Registration</u>	<u>Class</u>
XYMID	1,874,699	January 17, 1995	24
TYWIK	2,205,632	November 24, 1998	22
WEARFORCE	2,187,997	September 8, 1998	24

TRADEMARK  
REEL: 002498 FRAME: 0211

FORM PTO-1618A  
Expires 08/2006  
OMB 0971-0027

*EW  
MLD  
1-16-01*



U.S. Department of Commerce  
Patent and Trademark Office  
TRADEMARK

02-09-2001

RECORDATION FORM COVER  
TRADEMARKS ONLY



101610571

TO: The Commissioner of Patents and Trademarks. Please record the attached original document(s) or copy(ies).

Submission Type

- New
- 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
- Change of Name
- Other \_\_\_\_\_

Effective Date  
Month Day Year  
09301998

Conveying Party

Mark if additional names of conveying parties attached

Name E. I. DU PONT DE NEMOURS AND COMPANY

Expiration Date  
Month Day Year  
01112001

Formerly \_\_\_\_\_

- Individual  General Partnership  Limited Partnership  Corporation  Association
- Other \_\_\_\_\_
- Citizenship/State of Incorporation/Organization DELAWARE, U.S.A.

Receiving Party

Mark if additional names of receiving parties attached

Name EXMID, L. L. C.

DEIAKATA \_\_\_\_\_

Composed of \_\_\_\_\_

Address (line 1) 109 SOUTH PERRY STREET

Address (line 2) \_\_\_\_\_

Address (line 3) PETERSBURG VA, U.S.A. 22308

- Individual  General Partnership  Limited Partnership  Corporation  Association
- Other \_\_\_\_\_
- Citizenship/State of Incorporation/Organization VA, U.S.A.

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.)

02/08/2001 09:16:00 00000129 500729 1847599

FOR OFFICE USE ONLY

01 FC:463 40.00 CH  
02 FC:482 50.00 EH

Public burden reporting for this collection of information is estimated to average approximately 30 minutes per owner. Send comments regarding this burden estimate or the collection of information, including suggestions for reducing the burden, to Washington, D.C. 20503 and to the Office of Management and Budget, Paperwork Project (0971-0027), Washington, D.C. 20503. See OMB information collection requirements at 34 CFR 1.0104. Do NOT SEND REQUESTS TO RECORD ASSIGNMENT DOCUMENTS TO THIS ADDRESS. Send requests for information with required cover sheets to: [unreadable]

FORM PTO-1618B  
USPTO OFFICE  
2002 08/13/2002

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U.S. Department of Commerce  
Patent and Trademark Office  
TRADEMARK

**Domestic Representative Name and Address** Enter for the first Receiving Party only

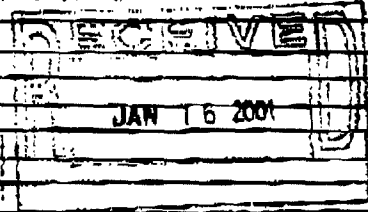
Name: LAWRENCE ISAKOFF

Address (line 1): 1425 DRAKE ROAD

Address (line 2):

Address (line 3):

Address (line 4):



**Correspondent Name and Address** Area Code and Telephone Number 302-478-6522

Name: LAWRENCE ISAKOFF

Address (line 1): 1425 DRAKE ROAD

Address (line 2): WILMINGTON, DE 19803

Address (line 3):

Address (line 4):

**Pages** Enter the total number of pages of the attached conveyance document including any attachments. # THREE (3)

**Trademark Application Number(s) or Registration Number(s)**  mark of 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)		
			1847599		
			2205638		
			2187997		

**Number of Properties** Enter the total number of properties involved. # THREE (3)

**Fee Amount** Fee Amount for Properties Listed (37 CFR 3.41): \$ 90.00

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: # 500729

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.

LAWRENCE ISAKOFF  
Name of Person Signing  
  
Signature  
January 13, 2001  
Date Signed

### TRADEMARK ASSIGNMENT AGREEMENT

WHEREAS, E. I. du Pont de Nemours and Company, a corporation organized under the laws of the state of Delaware, having its principal place of business at 1007 Market Street, Wilmington, Delaware 19898, United States of America, (hereinafter "ASSIGNOR"), has used the trademarks XYMID®, WEARFORCE® and TYWIK® (hereinafter referred to as "TRADEMARKS") and such TRADEMARKS are registered in the United States Patent and Trademark Office, as set forth in the attached Schedule,

WHEREAS Xymid, L. L. C., a corporation organized under the laws of the Commonwealth of Virginia, having its principal place of business at 109 South Perry Street, Petersburg, Virginia 23808, United States of America (hereinafter "ASSIGNEE") desires to acquire any and all rights that ASSIGNOR may have in and to the TRADEMARKS and the registration therefor, together with the goodwill of the business in connection with which the TRADEMARKS are used and which is symbolized in the TRADEMARKS, along with the right to recover damages and lost profits from infringements thereof,

NOW THEREFORE, for one dollar (\$1.00) and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, ASSIGNOR does hereby assign unto ASSIGNEE, all right, title and interest in and to the TRADEMARKS and the registrations therefor, as set forth in the attached schedule, together with the goodwill of the business in connection with which the TRADEMARKS are used and which is symbolized by the TRADEMARKS, along with the right to recover damages and lost profits from infringements thereof.

ISAKOFF PATENT AGENT  
OPR/ASSIGNMENTS

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RightFAX

FROM : ISAKOFF PATENT AGENT

FAX NO. :3024786522

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ASSIGNOR agrees to cooperate with ASSIGNEE and to execute all documents necessary and proper to assign the title and interest in and to the TRADEMARKS. ASSIGNEE shall be responsible for preparing, filing and officially filing the necessary assignments and registrations and all the costs associated therewith.

IN WITNESS WHEREOF E. I. du Pont de Nemours and Company has caused this instrument to be executed and delivered by an authorized representative as of September 30, 1998

ASSIGNOR

E. I. du Pont de Nemours and Company

By: [Signature]

Title: Assistant Secretary

Date: January 12, 2001

SUBSCRIBED AND SWORN TO  
before me this 12 day of January, 2001.  
NOTARY PUBLIC

[Signature]

DANA M. KING  
NOTARY PUBLIC  
STATE OF DELAWARE  
My Commission Expires Sept. 27, 2002