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Form PTO-1594 (Rev. 03/01) OMB No. 0651-0027 (exp. 5/31/2002) Tab settings

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J.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): Sanford L.P. Individual(s) Association General Partnership Limited Partnership Corporation-State Other Additional name(s) of conveying party(ies) attached? Yes No

2. Name and address of receiving party(ies) Name: Manco, Inc. Internal Address: Street Address: 32150 Just Imagine Drive City: Avon State: OH Zip: 44011 Individual(s) citizenship Association General Partnership Limited Partnership Corporation-State Ohio 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

3. Nature of conveyance: Assignment Merger Security Agreement Change of Name Other Correction of Assignor Name Execution Date: for Reel/Frame 1726/0059

4. Application number(s) or registration number(s): A. Trademark Application No.(s) B. Trademark Registration No.(s) 717,374 Additional number(s) attached Yes No

5. Name and address of party to whom correspondence concerning document should be mailed: Name: Christel Emerson Internal Address: Henkel Corporation Law Dept./Trademarks 2200 Renaissance Blvd. Suite 200 Street Address: City: Gulph Mills State: PA Zip: 19406

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: 08-1662

FINANCE SECTION

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9. Signature. Christel Emerson Name of Person Signing Signature August 27, 2002 Date Total number of pages including cover sheet, attachments, and document: 8

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

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09/06/2002 6TON11 00000174 081662 717374 01 FC:481 40.00 CH

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05-18-1998



Docket No. MA(106)H01

FORM PTO-1594

(Rev. 10-96)

OMB No. 0651-0011 (exp. 4/94)

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TRADEMARKS ONLY

HEET

U.S. DEPARTMENT OF COMMERCE  
Patent and Trademark Office

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

MCD 5-4-98

1. Name of conveying party(ies):  
Newell Co.

[ ] Individual(s)                      [ ] Association  
 [ ] General Partnership              [ ] Limited Partnership  
 [ X ] Corporation-State of Delaware  
 [ ] Other \_\_\_\_\_

Additional name(s) of conveying party(ies) attached? [ ] Yes [ X ] No

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

Internal Address: \_\_\_\_\_

Street Address: 32150 JUST IMAGINE DRIVE

City AVON State OHIO ZIP 44011

[ ] Individual(s) citizenship \_\_\_\_\_  
 [ ] Association \_\_\_\_\_  
 [ ] General Partnership \_\_\_\_\_  
 [ ] Limited Partnership \_\_\_\_\_  
 [ X ] Corporation-State of Ohio \_\_\_\_\_  
 [ ] Other \_\_\_\_\_

3. Nature of conveyance:

[ X ] Assignment                      [ ] Merger  
 [ ] Security Agreement              [ ] Change of Name  
 [ ] Other \_\_\_\_\_

Execution Date: 01-14-98

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

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

A. Trademark Application No.(s)

Additional numbers attached? [ ] Yes [ X ] No

B. Trademark registration No.(s) 717,374

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

Name: THOMAS E. YOUNG

Internal Address: \_\_\_\_\_

Street Address: VICKERS, DANIELS & YOUNG  
2000 TERMINAL TOWER  
CLEVELAND, OHIO 44113-2235

6. Total number of applications and registrations involved: 1

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

Enclosed

You are authorized to charge our deposit account for any additional fee required.

8. Deposit account number: 22-0347

A duplicate copy of this form is attached

05/15/1998 SSMITH 00000295 717374  
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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.*

THOMAS E. YOUNG

Name of Person Signing

*Thomas E. Young*                      May 1, 1998

Signature

Date

Total number of pages including cover sheet, attachments, and document: 3

Mail documents to be recorded with required cover sheet information to:  
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