FORM PTO-1594 (Modified) RE( (Rev. 6-93) 09-30-2002 OMB No. 0651-0011 (exp. 4/94). Copyright 1994-97 LegalStar TM05/REV03 Tab settings -To the Honorable Commissioner of Patents ar 102236487 led original documents or copy thereof. 2. Name and address of receiving party(ies): 1. Name of conveying party(ies): Lowcountry Hospitality, Inc. Name: Charming Inns, Inc. Internal Address: 9-25-02 Individual(s) Street Address: 212 1/2 King Street Association ☐ General Partnership Limited Partnership City: Charleston State: SC ZIP: 29401 ☒ Corporation-State South Carolina Other Individual(s) citizenship Association \_\_ Additional names(s) of conveying party(ies) ☐ Yes 🛛 No ☐ General Partnership \_\_\_\_\_ 3. Nature of conveyance: Limited Partnership Assignment Merger ☐ Security Agreement Change of Name ☐ Other ☑ Other Corrected Change of Name - Reel 2536 Fr. 216 If assignee is not domiciled in the United States, a domestic designation is Execution Date: Oct. 23, 1996 (Designations must be a separate document from Additional name(s) & address(es) 4. Application number(s) or registration numbers(s): A. Trademark Application No.(3)

B. Trademark Registration No.(s)

Additional numbers

☐ Yes ☒ No

concerning document should be mailed: Name: Myra T. Askins-Sullivan, Esq.

5. Name and address of party to whom correspondence

6. Total number of applications and registrations involved:.....

Internal Address: Hearst Tower, 47th Floor

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

☐ Yes

☐ Yes

 $\square$  N

Docket No.:

19261.003

☑ Enclosed

Authorized to be charged to deposit account

Street Address: 214 N. Tryon St.

8. Deposit account number:

18-1215

City: <u>Charlotte</u>

State: NC ZIP: 28202

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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.

Myra T. Askins-Sulliyan

September 20, 2002 Date

Name of Person Signing

Total number of pages including cover sheet, attachments, and

Form PTO-1594	-	
(Rev. 03/01)	ANS ONLY	U.S. DEPARTMENT OF COMMERCE U.S. Patent and Trademark Office
Tab settings ⇒ ⇒ ▼ ▼ ▼	▼	<b>* * *</b>
To the Honorable Commissioner of Patents and Trademarks:	Please record the attached of	original documents or copy thereof.
Name of conveying party(ies):	2. Name and address of	
Lowcountry Hospitality, Inc.    C-26-02     Individual(s)   Association     General Partnership   Limited Partnership     Corporation-State     Other   Other	Internal Address:  Street Addrese: 213 City: Charleston Individual(s) citize	1/2
Additional name(s) of conveying party(ies) attached? Yes No	General Partnersh	nip
3. Nature of conveyance:  Assignment  Security Agreement  Other  Execution Date: Oct231996	Other If assignee is not domicited representative designation (Designations must be a second control of the control of	South Carolina  I in the United States, a domestic is attached: Yes No aparate document from assignment) ses(es) attached? Yes No
A. Trademark Application No.(s)  Additional number(s) att  5. Name and address of party to whom correspondence concerning document should be mailed:  Name: Myra T. Askins-Sullivan, Esq.	ached Yes 🗸 N	tration No.(s) 1,775,582
Internal Address: Kennedy Covington	7. Total fee (37 CFR 3.	41)\$ <u>40.00</u>
Lobdell & Hickman, LLP	<b>✓</b> Enclosed	
	Authorized to b	pe charged to deposit account
Street Address: 100 N. Tryon Street, #4200	8. Deposit account num	nber:
City: Charlotte State: NC Zip:28202		85 86 86 87
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9. Signature.  Myra T. Askins-Sullivan  Name of Person Signing  Total number of pages including cover stated with Commissioner of Patent & Trushington,	required cover sheet informat ademarks, Box Assignments	June 20, 2002  Date  June 20, 2002
		07/01/2002 01 FC:481

**RECORDED: 09/20/2002** 

TRADEMARK REEL: 002589 FRAME: 0531