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

<p>1. Name of conveying party(ies): Coldwell Banker Preferred Relocation Services</p> <p><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>10-04-02</u></p> <p>Additional name(s) of conveying party(ies) attached? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>2. Name and address of receiving party(ies) Name: <u>Caparo Real Estate, Inc. d/b/a</u> Internal Address: <u>Coldwell Banker Preferred</u> Street Address: <u>800 Penllyn Pike</u> City: <u>Blue Bell</u> State: <u>PA</u> Zip: <u>19422</u></p> <p><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 <u>Pennsylvania</u> <input type="checkbox"/> Other _____</p> <p>If assignee is not domiciled in the United States, a domestic representative designation is attached: <input 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 type="checkbox"/> No</p>
<p>3. Nature of conveyance:</p> <p><input type="checkbox"/> Assignment <input type="checkbox"/> Merger <input type="checkbox"/> Security Agreement <input checked="" type="checkbox"/> Change of Name <input type="checkbox"/> Other _____</p> <p>Execution Date: _____</p>	<p>4. Application number(s) or registration number(s):</p> <p>A. Trademark Application No. (s) <u>75/789598</u></p> <p>B. Trademark Registration No.(s)</p> <p>Additional number(s) attached <input type="checkbox"/> Yes <input type="checkbox"/> No</p>

<p>5. Name and address of party to whom correspondence concerning document should be mailed: Name: <u>Irene Segal Ayers, Esquire</u> Internal Address: _____ <u>Akin Gump Strauss Hauer and Feld LLC</u> <u>One Commerce Square, 22nd Floor</u> Street Address: <u>2005 Market Street</u> City: <u>Philadelphia</u> PA Zip: <u>19103</u></p>	<p>6. Total number of applications and registrations involved: <input type="text"/></p> <p>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</p> <p>8. Deposit account number: _____ (Attach duplicate copy of this page if paying by deposit account)</p>
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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.

Irene Segal Ayers Irene Segal Ayers 10/11/02
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