

12-02-2002

FORM PTO-158A
Expires 06/30/99
OMB 0651-0027



102297594

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



FINANCE SECTION

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
- Resubmission (Non-Recordation)
Document ID # _____
- Correction of PTO Error
Reel # _____ Frame # _____
- Corrective Document
Reel # 002159 Frame # 0231

11-21-02

Conveyance Type

- Assignment
- License
- Security Agreement
- Nunc Pro Tunc Assignment
Effective Date
Month Day Year
- Merger
- Change of Name
- Other _____

Conveying Party

Mark if additional names of conveying parties attached

Execution Date
Month Day Year
10/02/2000

Name Chemax, Inc.

Formerly _____

- Individual
- General Partnership
- Limited Partnership
- Corporation
- Association
- Other _____
- Citizenship/State of Incorporation/Organization SC

Receiving Party

Mark if additional names of receiving parties attached

Name Rutgers Organics Corporation

DBA/AK/A/T/A _____

Composed of _____

Address (line 1) 201 Struble Road

Address (line 2) _____

Address (line 3) State College

PA

16801

City

State/Country

Zip Code

- Individual
- General Partnership
- Limited Partnership
- Corporation
- Association
- Other _____

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.)

- Citizenship/State of Incorporation/Organization PA

11/29/2002 MUELLER 00000095 1375356

FOR OFFICE USE ONLY

01 FC:8521
02 FC:8522

40.00 OP
125.00 OP

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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

TRADEMARK
REEL: 002625 FRAME: 0401

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

<input type="text" value="1375356"/>	<input type="text" value="1714804"/>	<input type="text"/>
<input type="text" value="1612521"/>	<input type="text" value="2110796"/>	<input type="text"/>
<input type="text" value="1628852"/>	<input type="text" value="2397236"/>	<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

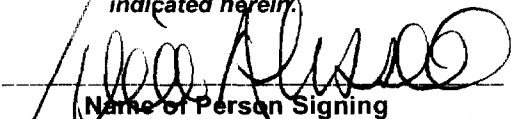
(Enter for payment by deposit account or if additional fees can be charged to the account.)

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.



Timothy A Cassidy
Signature

10/29/02
Date Signed

10-23-2000



101494044

RECORDATION FORM COVER SHEET
TRADEMARKS ONLY

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Conveyance Type

- Assignment License
- Security Agreement Nunc Pro Tunc Assignment
- Merger *med*
Effective Date
Month Day Year
- Change of Name *10-6-00*
- 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)

- Individual General Partnership Limited Partnership Corporation Association

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Citizenship/State of Incorporation/Organization

10/23/00 000 DBYRNE 00000052 73686824
01 FC:41 40.00 OP
02 FC:42 125.00 OP

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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

TRADEMARK
REEL: 002625 FRAME: 0403

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" value="75686824"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="1375356"/>	<input type="text" value="1612521"/>	<input type="text" value="1628852"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="1714804"/>	<input type="text" value="2110796"/>	<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.

Name of Person Signing

Signature

Date Signed

10/4/00

ASSIGNMENT

WHEREAS, CHEMAX, INC., a South Carolina Corporation having its principal office at PO Box 6067, Greenville, SC 29606 (hereafter referred to as "CHEMAX") has adopted, used, is using, and is the owner of the following trademarks now registered and/or applied for in the United States Patent and Trademark Office:

<u>TRADEMARK</u>	<u>REGISTRATION NO.</u>	<u>DATE OF REGISTRATION</u>
SURMAX	1,375,356	December 17, 1985
MAXCOTE	1,612,521	September 11, 1990
CHEMSTAT	1,628,852	December 25, 1990
POLYMAX	1,714,804	September 15, 1992
MAXSPERSE	2,110,796	November 4, 1997

<u>TRADEMARK</u>	<u>APPLICATION NO.</u>	<u>DATE OF FILING</u>
MAXOMER	75/686,824	April 20, 1999

WHEREAS, RUTGERS ORGANIC CORPORATION having its principal offices at 201 Struble Road, State College, PA, 16801, is desirous of acquiring and/or has acquired said registered trademarks. Now, therefore, in consideration of the sum of ten dollars (\$10.00) and other good and valuable consideration, receipt of which is hereby acknowledged, CHEMAX hereby assigns to RUTGERS ORGANIC CORPORATION all right, title and interest in the United States in and to said trademarks together with the goods will of the business symbolized by said trademarks and registrations thereof.

Signed at Greenville, SC this 2 day of October, 2000.

CHEMAX, INC.

By: Marsha Elrod

Printed/Typed Name: Marsha Elrod

Title: Vice President Finance & Operations

FOR THE STATE OF SOUTH CAROLINA)

COUNTY OF Greenville)

On this 2nd day of October, 2000, personally appeared Marsha Elrod, to me known and known to me to be the assignor above-named, and acknowledge that she executed the foregoing Assignment on behalf of assignor and pursuant to authority duly received.

Katherine L. Bossett
Notary Public of the State of South Carolina

My Commission Expires: 1-26-2004