

Form PTO-1594

(Rev. 10/02)

OMB No. 0651-0027 (exp. 6/30/2005)

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RECORDATION FORM COVER SHEET TRADEMARKS ONLY

U.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):

Girvan, Inc.

- ☐ Individual(s) ☐ Association
☐ General Partnership ☐ Limited Partnership
☒ Corporation-State
☐ Other _____

Additional name(s) of conveying party(ies) attached? ☐ Yes ☒ No

3. Nature of conveyance:

- ☐ Assignment ☐ Merger
☒ Security Agreement ☐ Change of Name
☐ Other _____

Execution Date: March 18, 2002

2. Name and address of receiving party(ies)

Name: Southtrust Bank

Internal

Address: 201 N. Franklin StreetStreet Address: Suite 2950City: Tampa State: FL Zip: 33602

- ☐ Individual(s) citizenship _____
☐ Association _____
☐ General Partnership _____
☐ Limited Partnership _____
☐ Corporation-State _____
☐ 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

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

A. Trademark Application No.(s)

B. Trademark Registration No.(s)

1,948,664

Additional number(s) attached ☒ Yes ☐ No

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

Name: Marcus P. DolceInternal Address: Price, Heneveld, Cooper, DeWitt & LittonPost Office Box 2567

Grand Rapids MI 49501

Street Address: 695 Kenmoor SECity: Grand Rapids State: MI Zip: 49546

6. Total number of applications and registrations involved: _____

5

7. Total fee (37 CFR 3.41).....\$ 140.00

- ☐ Enclosed
☒ Authorized to be charged to deposit account

8. Deposit account number:

16 2463

(Attach duplicate copy of this page if paying by deposit account)

DO NOT USE THIS SPACE

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.

Marcus P. Dolce

Name of Person Signing

Marcus P. Dolce

Signature

2/5/04

Date

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

3

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

Mail Stop Assignment Recordation Services
 Director of the U.S. Patent and Trademark Office
 P.O. Box 1450
 Alexandria, VA 22313-1450

700064556

TRADEMARK
 REEL: 002788 FRAME: 0404

CH \$140.00 162463 1948664

Attachment for Recordation Form Cover Sheet Trademarks Only (Form PTO-1594)

Continuation of Item 4. Additional Application Number(s) or Registration Number(s)

A. Trademark Application No.(s):

B. Trademark Registration No.(s): 2,062,213, 2,272,892, 2,389,785, and 2,421,013

9816 504305

STATE OF FLORIDA
UNIFORM COMMERCIAL CODE FINANCING STATEMENT FORM UCC-1 (REV. 1993)

This Financing Statement is presented to a filing officer for filing pursuant to the Uniform Commercial Code.

1. Debtor (Last Name First if an individual) GIRVAN, INC., a Florida corporation		1a. Date of Birth or PEU	
1b. Mailing Address 205 Commercial Drive		1c. City, State St. Augustine, Florida	1d. Zip Code 32092
2. Additional Debtor or Trade Name (Last Name First if an individual)		2a. Date of Birth or PEU	
2b. Mailing Address		2c. City, State	2d. Zip Code
3. Secured Party (Last Name First if an individual) SOUTRUST BANK		3a. Date of Birth or PEU	
3b. Mailing Address 201 N. Franklin Street, Suite 2950		3c. City, State TAMPA, FLORIDA	3d. Zip Code 33602
4. Assignee of Secured Party (Last Name First if an individual)		4a. Date of Birth or PEU	
4b. Mailing Address		4c. City, State	4d. Zip Code
5. This Financing Statement covers the following types or items or property (include description of real property on which located and owner of record when required. If more space is required, attach additional sheet(s)). All of Debtor's Accounts, Documents, Equipment, General Intangibles and Inventory, where ever located and whether now owned or hereafter acquired.			
6. Check only if Applicable: <input checked="" type="checkbox"/> Products of collateral are also covered. <input checked="" type="checkbox"/> Proceeds of collateral are also covered. <input type="checkbox"/> Debtor is transmitting <u>collateral</u> .			
7. Check appropriate box: (One box must be marked) <input type="checkbox"/> All documentary stamp taxes due and payable or to become due and payable pursuant to s. 201.22 F.S., have been paid. <input checked="" type="checkbox"/> Florida Documentary Stamp Tax is not required.			
8. In accordance with s. 672.40(2), F.S., this statement is filed without the Debtor's signature to perfect a security interest in collateral: <input type="checkbox"/> already subject to a security interest in another jurisdiction when it was brought into this state or debtor's location changed to this state. <input type="checkbox"/> which is proceeds of the original collateral described above in which a security interest was perfected. <input type="checkbox"/> as to which the filing has lapsed. Date filed _____ and previous UCC-1 file number _____ <input type="checkbox"/> acquired after a change of name, identity, or corporate structure of the debtor.			
9. Number of additional sheets presented: <u>0</u>		This Space for Use of Filing Officer FLORIDA SECURED TRANSACTION REGISTRY REJECTED ***** 200200501389 ***** ***C * 03048206571701-251.00***9.00***	
10. Signature(s) of Debtor(s) Girvan, Inc. By: <u>Don Girvan</u> Don Girvan, Chairman			
11. Signature(s) of Secured Party or if Assigned, by Assignee(s) <u>James H. Cockey, Jr.</u>		FLORIDA SECURED TRANSACTION REGISTRY FILED 2002 Mar 18 AM 12:00 ***** 200200652239 *****	
12. Return Copy to: Name: Preston O. Cockey, Jr. Address: Gray, Harris, Robinson, Shackelford, Farrior Address: P.O. Box 3324 City, State, Zip: Tampa, FL 33601-3324			

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