

RECORDATION FORM COVER SHEET  
TRADEMARKS ONLY

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

<p>1. Name of conveying party(ies): <u>Keller Laboratories, Inc.</u></p> <p><input type="checkbox"/> Individual                      <input type="checkbox"/> Association  <input type="checkbox"/> General Partnership        <input type="checkbox"/> Limited Partnership  <input checked="" type="checkbox"/> Corporation-State <u>Missouri</u>  <input type="checkbox"/> Other _____</p> <p>Additional name(s) of conveying party(ies) attached?    <input type="checkbox"/> Yes    <input checked="" type="checkbox"/> No</p>	<p>2. Name and address of receiving party(ies)</p> <p>Name: <u>Keller Group, Incorporated</u></p> <p>Internal Address: _____</p> <p>Street Address: <u>160 Larkin Williams Industrial Court</u></p> <p>City: <u>Fenton</u>    State: <u>Missouri</u>    Zip: <u>63026</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>Missouri</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 checked="" type="checkbox"/> No</p> <p>Additional names(s) &amp; addresses(es) attached?    <input type="checkbox"/> Yes    <input checked="" type="checkbox"/> No</p>
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<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: <u>October 20, 1999</u></p>	<p>6. Total number of applications and registrations involved: <u>5</u></p> <p>7. Total fee (37 CFR 3.41)    \$<u>140.00</u></p> <p><input type="checkbox"/> Enclosed  <input checked="" type="checkbox"/> Authorized to be charged to deposit account.</p> <p>8. Deposit account number: <u>162201</u>  (Attach duplicate copy of this page if paying by deposit account)</p>
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4. Application number(s) or registration number(s):

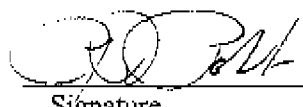
A. Trademark Application No.(s) \_\_\_\_\_    B. Trademark Registration No.(s) 1,901,659, 2,242,779, 1,442,966, 2,171,958, 2,591,396

Additional numbers attached?     Yes     No

<p>5. Name and address of party to whom correspondence should be mailed:</p> <p>Name: <u>Polster, Lieder, Woodruff &amp; Lucchesi, L.C.</u></p> <p>Internal Address: <u>Suite 200</u></p> <p>Street Address: <u>12412 Powerscourt Drive</u></p> <p>City: <u>St. Louis</u>    State: <u>MO</u>    Zip: <u>63131</u>  Tel: <u>314-238-2400</u>    Fax: <u>314-238-2401</u></p>	<p>DO NOT USE THIS SPACE</p>
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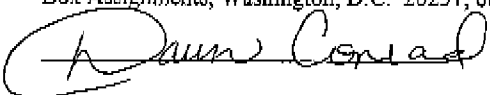
9. Statement and Signature.

*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.*

Philip B. Polster (16,554)                                            MAR 15, 2004  
Name of person Signing                      Signature                      Date

Total number of pages including cover sheet, attachments, and document: 1

I hereby certify that this correspondence is being facsimile transmitted to: Commissioner of Patent and Trademarks (703) 306-5995, Box Assignments, Washington, D.C. 20231, on March 15, 2004.



CH \$140.00 162201 1901659

**DOCUMENTATION FOR CHANGE OF NAME NO  
LONGER REQUIRED**