

Form PTO-1594

RECORDATION FORM COVER SHEET

U.S. DEPARTMENT OF COMMERCE

(Rev. 03/01)

TRADEMARKS ONLY

U.S. Patent & Trademark Office

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

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

<p>1. Name of conveying party(ies):</p> <p>Eagle-Picher Industries, Inc.</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 (Ohio) <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>EAGLEPICHER INCORPORATED</u> Internal Address: _____ Street Address: <u>3402 E. University Drive</u> City: <u>Phoenix</u> State: <u>Arizona</u> Zip: <u>85034</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>Ohio</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: <u>April 1, 2003</u></p>	<p>4. Application number(s) or registration number(s):</p> <p>A. Trademark Application No.(s) _____</p> <p>B. Trademark Registration No.(s) <u>SEE ATTACHED</u></p> <p>Additional number(s) attached <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>5. Name and address of party to whom correspondence concerning document should be mailed:</p> <p>Name: <u>Sarah Otte Graber, Esq.</u> Internal Address: <u>Wood, Herron & Evans, L.L.P.</u> <u>2700 Carew Tower</u> Street Address: <u>441 Vine Street</u> City: <u>Cincinnati</u> State: <u>Ohio</u> Zip: <u>45202</u></p>	<p>6. Total number of applications and trademarks involved: <u>15</u></p> <p>7. Total fee (37 CFR 3.41): <u>\$390.00</u> <input type="checkbox"/> Enclosed <input checked="" type="checkbox"/> Authorized to be charged to deposit account if deficiencies occur</p> <p>8. Deposit Account number: <u>23-3000</u> (Attach duplicate copy of this page if paying by deposit account)</p>

CH \$390.00 233000 1124671

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.

Sarah Otte Graber, Esq.
Name of Person Signing

Sarah O. Graber
Signature

May 26, 2004
Date

Total number of pages including cover sheet, attachments, and document: 5

K:\EPI\101\Form 1594 Name Eagle-Picher to EAGLEPICHER.wpd

Form PTO-1594 - RECORDATION FORM COVER SHEET ATTACHMENT**EAGLE-PICHER INDUSTRIES, INC. TO
EAGLEPICHER INC.**

<u>MARK</u>	<u>FILING DATE</u>	<u>REGISTRATION NO./SERIAL NO.</u>	<u>REGISTRATION DATE</u>
CAREFREE MAGNUM	10/06/1978	1,124,671	09/04/1979
CAREFREE	07/28/1971	953,058	02/13/1973
EPISTATIC	09/29/1969	896,288	08/11/1970
MAGNUM	07/13/1979	1,157,119	06/09/1981
POWER TUBE DESIGN	01/30/1978	1,106,578	11/21/1978
POWER TUBE MAGNUM	08/02/1982	1,246,954	08/02/1983
SUPERSUBLIMED	02/15/1924	198,268	05/12/1925
EXTENDED POWER	07/28/1999	2,560,937	04/16/2002
ALUM-N	02/23/1965	800,364	12/14/1965
FOAMET	08/11/1988	1,560,900	10/17/1989
LAMISEAL	08/11/1988	1,559,815	10/10/1989
NEO-CORK	03/24/1965	806,370	03/29/1966
STEEL-N	11/15/1965	819,099	11/22/1966
WOLVERINE GASKET	03/27/1997	2,191,950	09/29/1998
MAN-GRO	05/20/1966	827,748	04/25/1967

K:\EPT\114\Assignments-Name Change\List of Marks - Eagle-Picher to EaglePicher.wpd



Prescribed by **J. Kenneth Blackwell**

Ohio Secretary of State:
Central Ohio: (614) 466-3910
Toll Free: 1-877-SOS-FILE (1-877-767-3453)

www.state.oh.us/sos
e-mail: busserv@sos.state.oh.us

Expedite this Form: (Select One)	
Amended	
<input type="radio"/> Yes	PO Box 1390 Columbus, OH 43216 <small>*** Requires an additional fee of \$100 ***</small>
<input type="radio"/> No	PO Box 1028 Columbus, OH 43216

Certificate of Amendment by Shareholders or Members (Domestic)
Filing Fee \$50.00

(CHECK ONLY ONE (1) BOX)

<input type="checkbox"/> Amended (122-AMAP)	<input checked="" type="checkbox"/> Amendment (125-AMDS)	<input type="checkbox"/> Amended (126-AMAN)	<input type="checkbox"/> Amendment (128-AMD)
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Complete the general information in this section for the box checked above.

Name of Corporation Eagle-Picher Industries, Inc.

Charter Number 36429

Name of Officer David G. Krall

Title Senior Vice President

Please check if additional provisions attached.

The above named Ohio corporation, does hereby certify that:

A meeting of the shareholders directors (non-profit amended articles only)

members was duly called and held on _____ (Date)

at which meeting a quorum was present in person or by proxy, based upon the quorum present, an affirmative vote was cast which entitled them to exercise _____ % as the voting power of the corporation.

In a writing signed by all of the shareholders directors (non-profit amended articles only)

members who would be entitled to the notice of a meeting or such other proportion not less than a majority as the articles of regulations or bylaws permit.

Clause applies if amended box is checked.

Resolved, that the following amended articles of incorporations be and the same are hereby adopted to supercede and take the place of the existing articles of incorporation and all amendments thereto.

Doc ID --> 200309200102

All of the following information must be completed if an amended box is checked.
 If an amendment box is checked, complete the areas that apply.

FIRST: The name of the corporation is: EaglePicher Incorporated

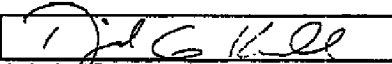
SECOND: The place in the State of Ohio where its principal office is located is in the City of:

 (city, village or township) (county)

THIRD: The purposes of the corporation are as follows:

FOURTH: The number of shares which the corporation is authorized to have outstanding is: _____
 (Does not apply to box (2))

REQUIRED
 Must be authenticated
 (signed) by an authorized
 representative
 (See Instructions)

 Authorized Representative David G. Krall	4-1-03 Date

200309200102

DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
04/02/2003	200309200102	DOMESTIC/AMENDMENT TO ARTICLES (AMD)	50.00	.00	.00	.00	.00

Receipt

This is not a bill. Please do not remit payment.

SQUIRE, SANDERS & DEMPSEY, L.L.P.
41 SOUTH HIGH STREET, SUITE 1300
COLUMBUS, OH 43215

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, J. Kenneth Blackwell

36429

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

EAGLEPICHER INCORPORATED

and, that said business records show the filing and recording of:

Document(s):

DOMESTIC/AMENDMENT TO ARTICLES

Document No(s):

200309200102



United States of America
State of Ohio
Office of the Secretary of State

Witness my hand and the seal of the
Secretary of State at Columbus, Ohio
this 1st day of April, A.D. 2003.

J. Kenneth Blackwell
Ohio Secretary of State