

Form PTO-1594 (Rev. 10/02) OMB No. 0651-0027 (exp. 6/30/2005)

**RECORDATION FORM COVER SHEET
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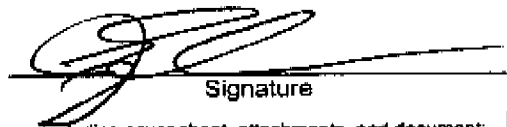
<p>1. Name of conveying party(ies): <u>GFA Brands, Inc.</u></p> <p><input type="checkbox"/> Individual(s) <input type="checkbox"/> Association <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership <input checked="" type="checkbox"/> Corporation-State <u>Delaware</u> <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): Name: <u>GFA Brands, Inc.</u></p> <p>Internal Address: Street Address: <u>211 Knickerbocker Road</u></p> <p>City: <u>Creskill</u> State: <u>New Jersey</u> Zip: <u>07626</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>Delaware</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 (Designations must be a separate document from assignment) <input type="checkbox"/> No Additional name(s) & address(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 type="checkbox"/> Change of Name <input checked="" type="checkbox"/> Other: <u>Change of Address</u></p> <p>Execution Date: <u>August 10, 2004</u></p>	<p>4. Application Number(s) or Registration Number(s):</p> <p>A. Trademark Application No.(s): 78/366180 78/335601 76/252421 78/323269 78/158621 74/091482 78/178597 78/315678 78/178596 78/335775 76/252358 78/272133 76/409592 78/158619</p> <p>Additional numbers attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>B. Trademark Registration No.(s):</p>
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<p>5. Name and address of party to whom correspondence concerning document should be mailed:</p> <p>Name: <u>Jacob E. Comer, Esq.</u></p> <p>Internal Address: <u>Atty. Dkt.: SGGP-021</u></p> <p>Street Address: <u>Ropes & Gray, LLP</u> <u>One International Place</u></p> <p>City: <u>Boston</u> State: <u>MA</u> Zip: <u>02110</u></p>	<p>6. Total Number of applications and registrations involved: <u>14</u></p> <p>7. Total fee (37 CFR 3.41) \$ <u>365.00</u></p> <p><input type="checkbox"/> Enclosed <input checked="" type="checkbox"/> Authorized to be charged to Deposit Account <input type="checkbox"/> Authorized to be charged to credit card (Form 2038 enclosed)</p> <p>8. Deposit account number: <u>18-1945</u> (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.

Jacob E. Comer, Esq.  September 13, 2004
Name of Person Signing Signature Date

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

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