

Form PTO-129a (Rev. 05/04)
OMB Collection 0651-0027 (exp. 8/30/2006)

10/12/2004
700122088

U.S. DEPARTMENT OF COMMERCE
United States Patent and Trademark Office

RECORDATION FORM COVER SHEET TRADEMARKS ONLY

To the Director of the U. S. Patent and Trademark Office: Please record the attached documents or the new address(es) below.

1. Name of conveying party(ies)/Execution Date(s):

Rhone-Poulenc Ag Company Inc

- Individual(s)
- General Partnership
- Corporation-State
- Other
- Association
- Limited Partnership
- New York

Citizenship (see guidelines) New York

Execution Date(s) _____

Additional names of conveying parties attached? Yes No

3. Nature of conveyance:

- Assignment
- Security Agreement
- Other
- Merger
- Change of Name

2. Name and address of receiving party(ies)

Additional names, addresses, or citizenship attached? Yes No

Name: Aventis CropScience USA Inc

Internal

Address: _____

Street Address: 259 Prospect Plains Road

City: Cranbury

State: New Jersey

Country: U.S.A. 708512-7500

- Association Citizenship
- General Partnership Citizenship
- Limited Partnership Citizenship
- Corporation Citizenship
- Other Citizenship Delaware

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)

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

A. Trademark Application No.(s)

Identification or description of the Trademark.

B. Trademark Registration No.(s)

804,945; 813,262

Additional sheet(s) attached? Yes No

C. Identification or Description of Trademark(s) (and Filing Date if Application or Registration Number is unknown):

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

Name: Thomas A. Kain, Esq.

Internal Address: Suite 1600

Street Address: 101 East 52nd Street

City: New York

State: New York Zip: 10022

Phone Number: (212) 935-5700

Fax Number: (212) 935-5728

Email Address: _____

6. Total number of applications and registrations involved:

2

7. Total fee (37 CFR 2.6(b)(6) & 3.41) \$ 65.00

- Authorized to be charged by credit card
- Authorized to be charged to deposit account
- Enclosed

8. Payment Information:

a. Credit Card Last 4 Numbers 6112
Expiration Date 09/06

b. Deposit Account Number _____
Authorized User Name _____

9. Signature:

Thomas A. Kain
Signature

October 8 2004
Date

Thomas A. Kain
Name of Person Signing

Total number of pages including cover sheet, attachments, and document: 3

Documents to be recorded (including cover sheet) should be faxed to (703) 305-6985, or mailed to: Mail Stop Assignment Recordation Services, Director of the USPTO, P.O. Box 1450, Alexandria, VA 22313-1450

COLUCCI & UMANS
MANHATTAN TOWER
101 EAST 52ND STREET
NEW YORK, NEW YORK 10022-6018

TELEPHONE (212) 935-5700
FACSIMILE (212) 935-5728
email@colucci-umans.com

FACSIMILE TRANSMISSION

DATE:

October ¹⁴~~11~~, 2004

FACSIMILE NO:

(703) 306-5995 (15070450)

TO:

Assignment Division
U.S. PTO

FROM:

Thomas A. Kain, Esq.

RE:

Number of pages (including this one sent in this transmission) 5

MESSAGE: *FORWARDING BLANK PAGE AFTER COVER SHEET*

* * * * *

If you do not receive every page, please telephone (212) 935-5700 and ask for Kathy. This transmission contains LEGALLY PRIVILEGED AND CONFIDENTIAL INFORMATION intended only for the use of the individual or entity named above. If the reader of this message is not the intended recipient, you are hereby notified that any use, dissemination, distribution or reproduction of this message is strictly prohibited. Please advise the firm if you have received this transmission in error.