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U.S. DEPARTMENT OF COMMERCE
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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):

Albright, & Wilson UK Limited

- Individual(s)
- General Partnership
- Corporation-State
- Other Limited Company

Citizenship (see guidelines) U.K.

Execution Date(s) July 23, 1998

Additional names of conveying parties attached? Yes No

2. Name and address of receiving party(ies)

Additional names, addresses, or citizenship attached? Yes No

Name: Rhodia Inc.
 Internal Address: 259 Prospect Plains Road
 Street Address: 259 Prospect Plains Road
 City: Cranbury
 State: New Jersey
 Country: U.S.A. 08512-7500

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

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)

3. Nature of conveyance:

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

4. Application number(s) or registration number(s) and identification or description of the Trademark.

A. Trademark Application No.(s)

B. Trademark Registration No.(s)

788,891; 788,894

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)(5) & 9.41) \$ 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 7, 2004

Date

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

Documents to be recorded (including cover sheet) should be filed to (783) 306-6000, or mailed to: Mail Stop Assignment Recordation Services, Director of the USPTO, P.O. Box 1480, Alexandria, VA 22304-1480



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OCTOBER 14, 2004

PTAS

700122122

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DOCUMENT ID NO.: 700122122

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