

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):

Aventis CropScience USA Inc.

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

Citizenship (see guidelines) New York

Execution Date(s) September 20, 2002

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: Bayer CropScience Inc

Internal

Address: _____

Street Address: 259 Prospect Plains Road

City: Cranbury

State: New Jersey

Country: U.S.A. Zip 08512-7500

- 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 identification or description of the Trademark.

A. Trademark Application No.(s)

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

Name of Person Signing

October 8, 2004
Date

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

Documents to be recorded (including cover sheet) should be faxed to (703) 366-6995, or mailed to: Mail Stop Assignment Recordation Services, Director of the USPTO, P.O. Box 1480, Alexandria, VA 22313-1480

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

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

FACSIMILE TRANSMISSION

DATE: October 11, 2004

FACSIMILE NO: (703) 306-5995 (15070450)

TO: Assignment Division
U.S. PTO

FROM: Thomas A. Kain, Esq.

RE: *CHANGE OF NAME - AVENTIS CROPSCIENCE USA INC.
TO BAYER CROPSCIENCE INC.
B.P. PYRO ser no 804,945
LEVAIR (U) " 813,262*

Number of pages (including this one sent in this transmission) 4

MESSAGE:

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