

ID NO.: 700076768

04-26-2004

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

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

1. Name of conveying party(ies): 4.20.04 Walter Juda Associates, Inc. [ ] Individual(s) [ ] Association [ ] General Partnership [ ] Limited Partnership [x] Corporation-State [ ] Other Additional name(s) of conveying party(ies) attached? [ ] Yes [x] No

2. Name and address of receiving party(ies) Name: Hy9 Corporation Internal Address: Street Address: 165A New Boston Street City: Woburn State: MA Zip: 01801-6201 [ ] Individual(s) citizenship [ ] Association [ ] General Partnership [ ] Limited Partnership [x] Corporation-State [ ] Other If assignee is not domiciled in the United States, a domestic representative designation is attached: [ ] Yes [x] No (Designations must be a separate document from assignment) Additional name(s) & address(es) attached? [ ] Yes [x] No

3. Nature of conveyance: [ ] Assignment [ ] Merger [ ] Security Agreement [x] Change of Name [ ] Other Execution Date: 9/24/02

4. Application number(s) or registration number(s): A. Trademark Application No.(s) 76/520,031 B. Trademark Registration No.(s) Additional number(s) attached [ ] Yes [x] No

5. Name and address of party to whom correspondence concerning document should be mailed: Name: Robert H. Rines, Esquire Internal Address: Rines and Rines Street Address: 81 North State Street City: Concord State: NH Zip: 03301

6. Total number of applications and registrations involved: 1 7. Total fee (37 CFR 3.41): \$ 65.00 [ ] Enclosed [x] Authorized to be charged to deposit account 8. Deposit account number: 18-1425

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9. Signature. Robert H. Rines Name of Person Signing Signature Date April 20, 2004 Total number of pages including cover sheet, attachments, and document: 4

04/23/2004 MGETACHE 00000078 181425 76520031 Mail documents to be recorded with required cover sheet information to: Commissioner of Patent & Trademarks, Box Assignments Washington, D.C. 20231

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04/06/2004

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| Form PTO-1594<br>(Rev. 10/02)<br>OMB No. 0651-0027 (exp. 6/30/2005)<br>Tab settings  | <b>RECORDATION FORM COVER SHEET</b><br><b>TRADEMARKS ONLY</b>   | U.S. DEPARTMENT OF COMMERCE<br>U.S. Patent and Trademark Office |
| To the Honorable Commissioner of Patents and Trademarks: Please record the attached original documents or copy thereof.  |   |   |
| 1. Name of conveying party(ies):<br><u>Walter Juda Associates, Inc.</u><br><br><input type="checkbox"/> Individual(s) <input type="checkbox"/> Association<br><input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership<br><input checked="" type="checkbox"/> Corporation-State<br><input type="checkbox"/> Other _____<br><br>Additional name(s) of conveying party(ies) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | 2. Name and address of receiving party(ies)<br>Name: <u>Hy9 Corporation</u><br>Internal<br>Address: _____<br><br>Street Address: <u>165A New Boston Street</u><br><br>City: <u>Woburn</u> State: <u>MA</u> Zip: <u>01801-6201</u><br><br><input type="checkbox"/> Individual(s) citizenship _____<br><input type="checkbox"/> Association _____<br><input type="checkbox"/> General Partnership _____<br><input type="checkbox"/> Limited Partnership _____<br><input checked="" type="checkbox"/> Corporation-State _____<br><input type="checkbox"/> Other _____<br><small>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)</small><br>Additional name(s) & address(es) attached? <input type="checkbox"/> Yes <input type="checkbox"/> No |   |
| 3. Nature of conveyance:<br><input type="checkbox"/> Assignment <input type="checkbox"/> Merger<br><input type="checkbox"/> Security Agreement <input checked="" type="checkbox"/> Change of Name<br><input type="checkbox"/> Other _____<br><br>Execution Date: <u>9/24/02</u>  | 4. Application number(s) or registration number(s):<br>A. Trademark Application No.(s) _____<br><u>76/520031</u><br><br>B. Trademark Registration No.(s) <u>2,693,326</u><br><br>Additional number(s) attached <input type="checkbox"/> Yes <input type="checkbox"/> No   |   |
| 5. Name and address of party to whom correspondence concerning document should be mailed:<br>Name: <u>Robert H. Rines</u><br><br>Internal Address: <u>Rines and Rines</u><br><br>_____<br><br>Street Address: <u>81 North State Street</u><br><br>_____<br><br>City: <u>Concord</u> State: <u>NH</u> Zip: <u>03301</u>   | 6. Total number of applications and registrations involved: ..... <span style="border: 1px solid black; padding: 2px;">2</span><br><br>7. Total fee (37 CFR 3.41).....\$ <u>65.00</u><br><br><input type="checkbox"/> Enclosed<br><input checked="" type="checkbox"/> Authorized to be charged to deposit account<br><br>8. Deposit account number:<br><br><u>18-1425</u>   |   |
| <b>DO NOT USE THIS SPACE</b>   |   |   |
| 9. Signature.<br><br><u>Robert H. Rines</u> <u>April 6, 2004</u><br>Name of Person Signing      Signature      Date<br><br><small>Total number of pages including cover sheet, attachments, and document: <span style="border: 1px solid black; padding: 2px;">4</span></small>  |   |   |

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 Washington, D.C. 20231



**The Commonwealth of Massachusetts  
 William Francis Galvin**

Secretary of the Commonwealth  
 One Ashburton Place, Boston, Massachusetts 02108-1512  
 Telephone: (617) 727-9640

**HY9 CORPORATION Summary Screen**

Help with this form

[REDACTED]

The exact name of the Domestic Profit Corporation: HY9 CORPORATION

The name was changed from: WALTER JUDA ASSOCIATES, INC. on 9/24/02

Entity Type: Domestic Profit Corporation

Identification Number: 043154689

Old Federal Employer Identification Number (Old FEIN): 000395193

Date of Organization in Massachusetts: May 20 1992

Current Fiscal Month / Day: 12 / 31 Previous Fiscal Month / Day: 01 / 01

The location of its principal office in Massachusetts:  
 No. and Street: 165A NEW BOSTON ST.  
 City or Town: WOBURN State: MA Zip: 01801-6201 Country: USA

If the business entity is organized wholly to do business outside Massachusetts, the location of that office:  
 No. and Street:  
 City or Town: State: Zip: Country:

The name and address of the Resident Agent:  
 Name:  
 No. and Street:  
 City or Town: State: Zip: Country:

**The officers and all of the directors of the corporation:**

| Title     | Individual Name<br><small>First, Middle, Last, Suffix</small> | Address (no PO Box)<br><small>Address, City or Town, State, Zip Code</small> | Expiration<br>of Term |
|-----------|---|--|-----------------------|
| PRESIDENT | WALTER JUDA   | 12 MOON HILL RD.,<br>LEXINGTON, MA 02173 USA                                 |                       |
| TREASURER | ANN H. OPPENHEIMER  | 950 MASS AVE..   |                       |

|          |                     |   |      |
|----------|---------------------|---|------|
|          |                     | CAMBRIDGE, MA USA                             |      |
| CLERK    | ROBERT H. RINES     | 65 EAST INDIA ROW<br>BOSTON, MA 00000 USA     | NONE |
| DIRECTOR | ANN H. OPPENHEIMER  | 850 MASS AVE.,<br>CAMBRIDGE, MA 00000 USA     | NONE |
| DIRECTOR | ROBERT H. RINES     | 65 EAST INDIA ROW<br>BOSTON, MA 00000 USA     | NONE |
| DIRECTOR | WALTER JUDA         | 12 MOON HILL RD.,<br>LEXINGTON, MA 02173 USA  | NONE |
| DIRECTOR | DOUGLAS B. HOLMES   | 4 JOHN WILSON LANE<br>LEXINGTON, MA 02421 USA | none |
| DIRECTOR | JON W. ROTENSTREICH | 651 MADISON AVE<br>NEW YORK, NY 10022 USA     | none |
| DIRECTOR | GUNTER VON AU       | C/O WEST HILL<br>LOUISVILLE, KY 40232 USA     | none |

business entity stock is publicly traded:

The total number of shares and par value, if any, of each class of stock which the business entity is authorized to issue:

| Class of Stock | Par Value Per Share<br>Enter 0 if no Par | Total Authorized by Articles<br>of Organization or Amendments |                 | Total Issued<br>and Outstanding<br>Num of Shares |
|----------------|--|---|-----------------|--|
|                |  | Num of Shares   | Total Par Value |  |
| CNP            | \$0.00000                                | 1,000,000   | \$0.00          | 0  |

- Consent   
  Manufacturer   
  Confidential Data   
  Does Not Require Annual Report  
 Partnership   
  Resident Agent   
 For Profit   
  Merger Allowed

Select a type of filing from below to view this business entity filings:

- ALL FILINGS
- Annual Report
- Application For Revival
- Articles of Amendment
- Articles of Consolidation - Foreign and Domestic



Comments

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