

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 INC.

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

Citizenship (see guidelines) NEW YORK

Execution Date(s) AUGUST 12, 2004

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: RHODIA INC.

Internal Address:

Street Address: 289 PROSPECT PLAINS ROAD

City: CRANBURY

State: NEW JERSEY

Country: USA Zip: 08512-7500

- Association
 - General Partnership
 - Limited Partnership
 - Corporation
 - Other
- Citizenship _____
Citizenship _____
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)

593,493

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

Internal Address: SUITE 1600

Street Address: 101 EAST 52nd ST

City: NY

State: NY Zip: 10022

Phone Number: (212) 935-5700

Fax Number: (212) 935-5728

Email Address: _____

6. Total number of applications and registrations involved:

1

7. Total fee (37 CFR 2.6(b)(6) & 3.41) \$ 40.00

- 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
THOMAS A. KAIN
Name of Person Signing

OCTOBER 7, 2004
Date

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

10/19/2004
17054200457
7601224950

U.S. DEPARTMENT OF COMMERCE
UNITED STATES PATENT AND TRADEMARK OFFICE

Form PTO-909 (REV. 04/04)
2004 Edition (USPTO Form 909, 4/04)

REGISTRATION FORM COVER SHEET
TRADEMARKS ONLY

To Use Properly: This U. S. Patent and Trademark Office Form must be completed accurately in the main address(es) below.

1. Name of conveying party(ies)/Director/ Director
Phone-Poliana Inc.

Individual(s) Association
 General Partnership Limited Partnership
 Corporation/State
 Other _____

City/State (See questions) New York

Completion Date(s) 10/19/2004

Additional means of contact (e.g., e-mail)? Yes No

2. Name and address of receiving party(ies)
Additional means, e-mail, or e-mailing method? Yes No

Name: Phodia Inc.

Street Address: 315 PROSPECT PLAZA 100

City: SEAFORD

State: NEW JERSEY

Country: U.S.A. ZIP+4: 08080-7500

Association Corporation
 General Partnership Corporation
 Limited Partnership Corporation
 Corporation Corporation
 Other Corporation Delaware

3. Nature of conveyance

Assignment Merge
 Security Agreement Change of Name
 Other _____

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)
553,478

Additional change created? Yes No

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

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

Name: Thomas A. Rain, Esq.

Internal Address: Suite 1000

Street Address: 101 West 52nd Street

City: New York

State: NY ZIP: 10020

Phone Number: (212) 939-9700

Fax Number: (212) 939-9730

E-mail Address: _____

7. Total number of applications and
registrations reviewed: 10

7. Total fee (US-CFR 37CFR 2.101) 6,000.00

Authorized to be charged by credit card
 Authorized to be charged in deposit amount
 Waived

8. Payment Information:

a. Credit Card Last 4 Numbers: 6113
Expiration Date: 08/2004

b. Deposit Account Number _____
Authorized User Name _____

9. Signature: _____ Date: October 7, 2004

Name of Applicant: Thomas A. Rain

Total number of pages (including cover sheet, attachments, and drawings): 3

Examples to be mailed to you: (1) If you are a trademark owner, you should be notified by the USPTO, P.O. Box 1088, Alexandria, VA 22304-1088.