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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): SOCIETE NATIONALE D'EXPLOITATION INDUSTRIELLE DES TABACS ET ALLUMETTES 53 QUAI D'ORSAY 75347 PARIS CEDEX 07 FRANCE <input type="checkbox"/> Individual(s) <input type="checkbox"/> Association <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership <input checked="" type="checkbox"/> Corporation: FRANCE <input type="checkbox"/> Other: 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): Name: SOCIETE NATIONALE D'EXPLOITATION INDUSTRIELLE DES TABACS ET ALLUMETTES Internal Address: Street Address: 182/188, AVENUE DE FRANCE City: 75639 PARIS CEDEX 13 Country: FRANCE Zip: <input type="checkbox"/> Individual(s) citizenship <input type="checkbox"/> Association <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership <input checked="" type="checkbox"/> Corporation-Country: FRANCE <input type="checkbox"/> Other: 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.) Additional name(s) & address(es) attached? <input type="checkbox"/> Yes <input type="checkbox"/> No
3. Nature of conveyance: <input type="checkbox"/> Assignment <input type="checkbox"/> Merger <input type="checkbox"/> Security Agreement <input checked="" type="checkbox"/> Change of Address <input type="checkbox"/> Other:	Execution Date: DECEMBER 4, 2000

4. Application number(s) or registration number(s): A. Trademark Application No.(s)	B. Trademark Registration No.(s) 2,295,218; 1,165,766; 651,395; 651, 396; 1,354,585; 2,364,713; 1,426,800; 1,354,594; 1,850,828; 2,207,510 2,235,763; 1,879,990 Additional number(s) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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5. Name and address of party to whom correspondence concerning document should be mailed: <p style="text-align: center;"> Attn.: Brewster Taylor STITES & HARBISON, PLLC Suite 900 1199 North Fairfax Street Alexandria, Virginia 22314-1437 1049LT-11126 T04907US00 </p>	6. Total number of applications and registrations involved: 7. Total fee (37 CFR 3.41) \$315 <input type="checkbox"/> Enclosed <input checked="" type="checkbox"/> Authorized to be charged to Credit Card (attached form) 8. Deposit account number: _____ (Attach duplicate copy of this page if paying by deposit account.)
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To the best of my knowledge and belief, the foregoing information is true and correct and any attached copy is a true copy of the original document.

Brewster Taylor		NOVEMBER 15, 2004
Name of Person Signing	Signature	Date

Total number of pages including cover sheet, attachments, and document: 1

Mail documents to be recorded with required cover sheet information to:
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