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OMB Collection 0651-0027 (exp. 6/30/20)

102816976

U.S. DEPARTMENT OF COMMERCE  
United States Patent and Trademark Office

**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.

46800 U.S. PTE  
60/622675  
092804

**1. Name of conveying party(ies)/Execution Date(s):**

Control Concepts Corporation  
P.O. Box 1380  
Binghamton, NY 13902-1380

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

Citizenship (see guidelines) US

Execution Date(s) September 24, 2004

Additional names of conveying parties attached?  Yes  No

**3. Nature of conveyance:**

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

**2. Name and address of receiving party(ies)**

Additional names, addresses, or citizenship attached?  Yes  No

Name: Control Concepts Corporation

Internal Address: \_\_\_\_\_

Street Address: 328 Water Street

City: Binghamton

State: NY

Country: US Zip: 13901

Association Citizenship \_\_\_\_\_

General Partnership Citizenship \_\_\_\_\_

Limited Partnership Citizenship \_\_\_\_\_

Corporation Citizenship US

Other \_\_\_\_\_ 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)

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

A. Trademark Application No.(s)  
84728; 724473; 395168; 656119; 395369;  
635923; 375027;

B. Trademark Registration No.(s)  
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: Mueller and Smith, LPA

Internal Address: \_\_\_\_\_

Street Address: 7700 Rivers Edge Drive

City: Columbus

State: OH Zip: 43235

Phone Number: 614-436-0600

Fax Number: 614-436-0057

Email Address: smueller@muellersmith.com

**6. Total number of applications and registrations involved:**

7

**7. Total fee (37 CFR 2.6(b)(6) & 3.41) \$ 13-4830**

- Authorized to be charged by credit card
- Authorized to be charged to deposit account
- Enclosed

**8. Payment Information:**

a. Credit Card Last 4 Numbers \_\_\_\_\_  
Expiration Date \_\_\_\_\_

b. Deposit Account Number 13-4830

Authorized User Name \_\_\_\_\_

**9. Signature:**

Jerry K. Mueller, Jr.

Name of Person Signing

September 24, 2004

Date

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

Documents to be recorded (including cover sheet) should be faxed to (703) 306-5995, or mailed to: Mail Stop Assignment Recordation Services, Director of the USPTO, P.O. Box 1450, Alexandria, VA 22313-1450

The PTO did not receive the following listed item(s) document of Assignment  
**TRADEMARK**

REEL: 002983 FRAME: 0374

Document is  
Not Require for  
Change of Assignee  
Address