

FORM PTD-1594 (Modified)
(Rev. 6-93)
OMB No. 0651-0011 (exp. 4/94)
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TM05/REV03

RECORDATION FORM COVER SHEET
TRADEMARKS ONLY

Docket No.:

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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):
GOLDWELL GMBH

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

Additional names(s) of conveying party(ies) Yes No

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

Name: KPSS-Kao Professional Salon Services GmbH

Internal Address: _____

Street Address: PFUNGSTAEDTER STRASSE 92-100

City: DARMSTADT Germany State: _____ ZIP: 64297

Individual(s) citizenship _____
 Association _____
 General Partnership _____
 Limited Partnership _____
 Corporation-State _____
 Other LIMITED LIABILITY COMPANY

If assignee is not domiciled in the United States, a domestic designation is Yes N
(Designations must be a separate document from
Additional name(s) & address(es) Yes N

3. Nature of conveyance:

Assignment Merger
 Security Agreement Change of Name
 Other _____

Execution Date: JANUARY 2, 2003

4. Application number(s) or registration numbers(s):

A. Trademark Application No.(s)

Additional numbers Yes No

B. Trademark Registration No.(s)

1,388,755

Yes No

5. Name and address of party to whom correspondence concerning document should be mailed:

Name: MICHAEL J. STRIKER

Internal Address: _____

Street Address: 103 EAST NECK ROAD

City: HUNTINGTON State: NY ZIP: 11743

6. Total number of applications and registrations involved:..... **1**

7. Total fee (37 CFR 3.41):.....\$ 40.00

Enclosed
 Authorized to be charged to deposit account

8. Deposit account number:

19-4675

DO NOT USE THIS SPACE

9. Statement and signature.
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.

MICHAEL J. STRIKER Jan. 10, 2005
Name of Person Signing Signature

TRADEMARK

CH \$40.00 194675 1388755

FORM PTO-1594 (Modified)
(Rev. 6-93)
OMB No. 0851-0011 (exp. 4/94)
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TM09/REV03

RECORDATION FORM COVER SHEET
TRADEMARKS ONLY

Docket No.:

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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):
GOLDWELL AKTIENGESELLSCHAFT

Individual(s) Association
 General Partnership Limited Partnership
 Corporation-State
 Other **JOINT STOCK COMPANY**

Additional names(s) of conveying party(ies) Yes No

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

Name: **GOLDWELL GMBH**

Internal Address: _____

Street Address: **ZERNINSTRASSE 10-18**

City: **DARMSTADT** **Germany**
State: _____ ZIP: **64297**

Individual(s) citizenship _____
 Association _____
 General Partnership _____
 Limited Partnership _____
 Corporation-State _____
 Other **LIMITED LIABILITY COMPANY**

If assignee is not domiciled in the United States, a domestic designation is Yes N
(Designations must be a separate document from
Additional name(s) & address(es) Yes N

3. Nature of conveyance:

Assignment Merger
 Security Agreement Change of Name
 Other _____

Execution Date: **DECEMBER 16, 1994**

4. Application number(s) or registration numbers(s):

A. Trademark Application No.(s)

B. Trademark Registration No.(s)

1,388,755

Additional numbers Yes No

5. Name and address of party to whom correspondence concerning document should be mailed:

Name: **MICHAEL J. STRIKER**

Internal Address: _____

Street Address: **103 EAST NECK ROAD**

City: **HUNTINGTON** State: **NY** ZIP: **11743**

6. Total number of applications and registrations involved:..... **1**

7. Total fee (37 CFR 3.41):.....\$ **40.00**

Enclosed
 Authorized to be charged to deposit account

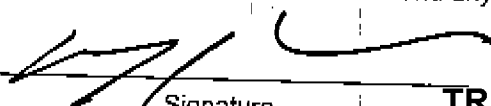
8. Deposit account number:

19-4675

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9. Statement and signature.
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.

MICHAEL J. STRIKER
Name of Person Signing


Signature

Jan. 10, 2005
Date

TRADEMARK