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## **RECORDATION FORM COVER SHEET** TRADEMARKS ONLY

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1. Name of conveying party(les)/Execution Date(s):  CSFCORP Additional names, addresses, or citizenship attached?  Additional names, addresses, or citizenship attached?  No Name:	To the Director of the U. S. Patent and Trademark Office: Please record the attached documents or the new address(es) below.					
Individual(s)		2. Name and address of receiving party(ies)				
Individual(s)	C.S.F. Corp.	Additional names, addresses, or citizenship attached?				
Individual(s)	,					
General Partnership   Limited Partnership   Street Address: 450 W; nks   W						
City PLAULEM  Citizenship (see guidelines)  Execution Date(s)  Additional names of conveying parties attached?						
Citizenship (see guidelines)  Execution Date(s)  Additional names of conveying parties attached?   Yes   No    3. Nature of conveyance:   Assignment   Merger   Other   Other     General Partnership   Citizenship     Corporation Citizenship   Citizenship     Corporation Citizenship     Corporation Citizenship   Citizenship     Corporation Citizenship     Corporation Citizenship   Citizenship     Corporation Citizenship     Citizenship     Citizenship     Corporation Citizenship     Citizenship     Citizenship     Corporation Citizenship     Corporation Citizenship     Carporation Citizenship     Citizenship     Citizenship     Carporation Citizenship     Citizenship     Carporation Citizenship     Citizenship     Carporation Citizenship     Citizenship     Carporation Citizenship     Carporation Citizenship     Carporation Citizenship     Citizenship     Carporation Citizenship     Citizenship     Carp	l <del></del>					
State:   H   Country:   State:   State:   H   Country:   State:   H   Country:   State:   State:   State:   State:   State:   State:   H   Country:   State:   Stat		city: Bensalem				
Country:   A   Zip:   GUZO		State: PA				
Additional names of conveying parties attached?   Yes   No   General Partnership   Citizenship   Limited Partnership   Citizenship   Citizensh	Citizenship (see guidelines)	Country: USA Zip: 19020				
Limited Partnership   Citizenship   Corporation Co	Execution Date(s)	Association Citizenship				
Limited Partnership   Citizenship   Citizenship   Corporation Corporation Citizenship   Corporation No. (s)   Corporation Corporation Corporation Corporation No. (s)   Corporation Corporation Corporation No. (s)   Corporation Corporation Corporation No. (s)   Corporation Corporation Corporation Corporation Corporation No. (s)   Corporation Corporation No. (s)   Corporation Corporation No. (s)   Corporation No. (s)   Corporation Corporation No. (s)   Corporation Corporation Corporation No. (s)   Corporation No. (s)   Corporation Corporation No. (s)   Corporation No. (s)   Corporation No. (s	Additional names of conveying parties attached?					
Assignment		! <del></del>				
Security Agreement	. <i>i</i>	Corporation Citizenship				
Other						
Chesignations must be a separate document from assignment)	1=					
A. Trademark Application No.(s)    To   5   3   2 39		(Designations must be a separate document from assignment)				
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: KAHNLEN H LICKINAN  Internal Address:  T. Total fee (37 CFR 2.6(b)(6) & 3.41) \$ \( \frac{4}{9}\) 0.00  Authorized to be charged by credit card Authorized to be charged to deposit account Enclosed  8. Payment Information: a. Credit Card Last 4 Numbers Expiration Date  Phone Number: (215) 638 - (905) Fax Number: (215) 638 - (905) Fax Number: (215) 638 - (905) Fax Signature:  9. Signature:  Date  Total number of applications and registration sinvolved:  1. Total fee (37 CFR 2.6(b)(6) & 3.41) \$ \( \frac{4}{9}\) 0.00  Authorized to be charged to deposit account Enclosed  8. Payment Information: a. Credit Card Last 4 Numbers Expiration Date  5. Deposit Account Number  1. 28 0 + 2	, , ,	•				
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: KAHNLEN H LICENMAN  Internal Address:  T. Total rumber of applications and registrations involved:  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  State: FA Zip: 19020  Phone Number: 215 1638 - 995  Fax Number: 215 1638 - 995  Email Address:  9. Signature:  Date  Total number of applications and registration Number is unknown):  6. Total number of applications and registrations involved:  7. Total fee (37 CFR 2.6(b)(6) & 3.41) \$ 40 00  Authorized to be charged to deposit account Enclosed  8. Payment Information: a. Credit Card Last 4 Numbers Card Expiration Date  Fax Number: 215 1638 - 919  b. Deposit Account Number  Signature  Date  Total number of pages including cover 5		B. Hademark Registration No.(s)				
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: KAHNEEN H LICHERING    Internal Address:   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   37 CFR 2.6(b)(6) & 3.41) \$ 40 00    Authorized to be charged to deposit account    Enclosed   38 Payment Information:  a. Credit Card Last 4 Numbers    Expiration Date   71    B. Payment Information:  a. Credit Card Last 4 Numbers    Expiration Date   71    B. Deposit Account Number   71    Authorized User Name   71    B. Signature:   128 04   32    B. Signature   128 04   32    Date   728 04   32    Total number of pages including cover   5	16,513,259	Additional sheet(s) attached?				
5. Name & address of party to whom correspondence concerning document should be mailed:  Name: KAHNLEN H LICHERMAN  Internal Address:  Street Address:  City: BensaleM  State: PA Zip: 19020  Phone Number: (215) 638 - 6905  Fax Number: (215) 638 -	C. Identification or Description of Trademark(s) (and Filing					
Concerning document should be mailed:   Name: KAHNUEN H LICKERMAN   Total fee (37 CFR 2.6(b)(6) & 3.41) \$ \frac{40 00}{9} \]   Internal Address:   Total fee (37 CFR 2.6(b)(6) & 3.41) \$ \frac{40 00}{9} \]   Street Address:   Total fee (37 CFR 2.6(b)(6) & 3.41) \$ \frac{40 00}{9} \]   Authorized to be charged by credit card   Authorized to be charged to deposit account   Replaced to the charged by credit card   Authorized to be charged to deposit account   Replaced to the charged to deposit account   Replaced to the charged to	, , , , , ,	··· ,				
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Internal Address:   7. Total fee (37 CFR 2.6(b)(6) & 3.41) \$ 40 00     Street Address:   450 Winks Law   Authorized to be charged by credit card   Authorized to be charged to deposit account   Enclosed   Enclosed   Enclosed   Enclosed   Enclosed   Enclosed   Expiration Date   Expiration Date   Expiration Date   Expiration Date   Enclosed   Enclosed   Expiration Date   Expiration Date   Expiration Date   Expiration Date   Enclosed   Expiration Date   Expiration Date   Expiration Date   Expiration Date   Expiration Date   Expiration Date   Enclosed   Expiration Date   Expiration Da	concerning document should be mailed:					
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Street Address: 450 Winks Law Authorized to be charged by credit card Authorized to be charged to deposit account Enclosed  State: PA zip: 9020 Phone Number: (215) 638 - 6905 Fax Number: (215) 638 - 6905 Email Address: Authorized User Name  9. Signature: Signature  Total number of pages including cover 5	·	7. Total fee (37 CFR 2.6(b)(6) & 3.41) \$ 40 00				
City: Bey SaleM  State: PA Zip: 19020  Phone Number: (215) 638 - 6905  Fax Number: (215) (38 - 6995  Email Address:  9. Signature: Vam Slymate  Signature  Date  Total number of pages including cover 5						
City: Bey SaleM  State: PA Zip: 19020  Phone Number: (215) 638 - 6905  Fax Number: (215) (38 - 6995  Email Address:  9. Signature: Signature  Date  Total number of pages including cover	Street Address: 450 WINKS Lane	Authorized to be charged to deposit account				
State: PA Zip: 19020 Phone Number: (215) 638 - 6905 Fax Number: (215) (338 - 6919 Email Address:  9. Signature: Vam Sumate Signature Dina M Belmonte  Total number of pages including cover		[ [7] e				
State: PA zip: 19020  Phone Number: (215) 638 - 6905  Fax Number: (215) (38 - 6995  Expiration Date Final Address:  Buthorized User Name  1/28/04 - 38  Signature  Date  Total number of pages including cover 5	city: Bensalem					
Phone Number: (215) 638 - 6905  Fax Number: (215) (338 - 6905  Email Address:  9. Signature: 1/28/04 - 5 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	20 10020					
Fax Number: (215) (38-919 b. Deposit Account Number Authorized User Name  9. Signature: 1/28/04 5 8 Signature Date  Total number of pages including cover 5	1010120 1000					
9. Signature: Date  Dina M Belmonte  Authorized User Name  1/28/04 5 2  Signature  Date  Total number of pages including cover 5	72. 1/20 /00	b. Deposit Account Number				
Signature Date  DINA M Belmonte Total number of pages including cover 5		Authorized User Name				
Signature Date  DINA M Belmonte Total number of pages including cover 5	9. Signature: Dyg M L. Dwg +1	1/28/04= = 9				
sheet attachments and designed.	Signature					
Name of Person Signing  Documents to be recorded (including cover sheet) should be faxed to (703) 306-5995, or mailed to:		sheet, attachments, and document:				

Mail Stop Assignment Recordation Services, Director of the USPTO, P.O. Box 1450, Alexandria, VA 22313-1450

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## CONFIRMATION OF ASSIGNMENT

WHEREAS, C.S.F. Corp., a Delaware corporation, having an address of 3411 Silverside Road, 103 Springer Building, Wilmington, DE 19810 is the owner of the trademark registrations and applications set forth in Schedule A attached hereto;

WHEREAS, CSPE, LLC, a Pennsylvania corporation, having an address of 450 Winks Lane, Bensalem, PA 19020 acquired all right, title and interest in and to said trademarks together with the goodwill of the business symbolized by the marks and the registrations thereof and applications therefor as set forth in Schedule A, effective as of August 14, 2003;

WHEREAS, it is desired that the assignment of said registrations and applications be made of record in the United States Patent and Trademark office.

NOW THEREFOR, for good and valuable consideration, the receipt of which is hereby acknowledged, C.S.F. Corp. hereby confirms the assignment to CSPE, LLC, effective as of August 14, 2003, of all right, title and interest in and said marks, together with the goodwill of the business symbolized by said marks, and the registrations thereof and applications therefor set forth in Schedule A; and all rights to damages and profits, due or accrued, arising out of past infringements of said trademarks, and the right to sue for and recover the same.

C.S.F. CORP.

Colin D Stern

## **SCHEDULE A**

MARK	REG NO	ISSUED	GOODS/SERVICES
Figure	76,513,239	5/12/03	16

COMMONWEALTH OF PENNSYLVANIA

: SS.

**COUNTY OF BUCKS** 

On this 28th day of July, 2004, personally appeared Colin D. Stern, to me known and known to me to be Vice President of C.S.F. Corp., the Assignor above named, and acknowledged that he executed the foregoing Assignment on behalf of said Assignor and pursuant to authority duly received.

NOTARIAL SEAL DINA M. BELMONTE, Notary Public Bensalem Twp., Bucks County My Commission Expires June 6, 2005

**RECORDED: 08/02/2004** 

Idtary Public