

**RECORDATION FORM COVER SHEET
TRADEMARKS ONLY**

Asst. Commissioner for Trademarks
2900 Crystal Drive
Arlington, Virginia 22202

RE: Our File: T-89555

- | | |
|---|--|
| <p>1. <u>Name (and address) of conveying party(ies)</u></p> <p>GOLMAT S.p.A.</p> <p>21 Via Castiglione
Brescia
Italy</p> <p>() Individual
() Association
() General Partnership
() Limited Partnership
(X) Corporation-Italy
() Other-</p> | <p>2. <u>Name and Address of receiving party(ies)</u></p> <p>Chianti Ruffino Esportazione
Vinicola Toscana SPA
12 Via Corsica
Brescia
Italy</p> <p>() Individual(s) citizenship
() Association
() General Partnership
() Limited Partnership
(X) Corporation-Italy
() Other -</p> |
|---|--|

If assignee is not domiciled in the United States, a domestic representative designation is attached: (X) Yes () No

3. Nature of conveyance:
- | | |
|-------------------------|-----------------------|
| () Assignment; | () Merger |
| () Security Agreement; | (X) Change of Name |
| () Other; | (X) Change of Address |

Execution Date: February 25, 2002

4. Application number(s) or registration number(s): 10

- | | |
|----------------------------------|---------------------------|
| A. Trademark Application No. (s) | B. Trademark Reg. No. (s) |
| | 1560092 |
| | 1282744 |
| | 2171930 |
| | 1515693 |
| | 2182551 |
| | 2695734 |
| | 2707059 |
| | 675346 |
| | 1959558 |
| | 537668 |

CH \$265.00 032465 1560092

Additional numbers attached () Yes (X) No

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

COLLEN IP
Intellectual Property Law, P.C.
The Holyoke-Manhattan Building
80 South Highland Avenue
Town of Ossining
Westchester County, New York 10562

6. Total number of registrations involved: 10

7. Total fee (37 CFR 3.41) \$265.00

- () Enclosed
- (x) Authorized to be charged to deposit account
- () Already submitted

8. Deposit account number:
03-2465

(Attach duplicate copy of this page if paying by deposit account)

DO NOT USE THIS SPACE

9. 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.

Jane F. Collen

Name of person signing

Signature

June 18, 2004

Date

Total number of pages comprising cover sheet, attachments and documents: 2

JFC/MC

NOTE: IF THERE IS ANY FEE DUE AT THIS TIME, PLEASE CHARGE IT TO OUR DEPOSIT ACCOUNT NO. 03-2465 AND ADVISE.

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SUPPORT CHANGE OF NAME DOCUMENT