TRADEMARK ASSIGNMENT

Electronic Version v1.1 Stylesheet Version v1.1

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	CHANGE OF NAME

CONVEYING PARTY DATA

Name	Formerly	Execution Date	Entity Type	
III aco. Inc.	FORMERLY Taco, Inc. formerly a New York Corporation	109/25/1996	CORPORATION: RHODE ISLAND	

RECEIVING PARTY DATA

Name:	Taco, Inc.			
Street Address:	1160 Cranston Street			
City:	Cranston			
State/Country:	RHODE ISLAND			
Postal Code:	02920			
Entity Type:	ntity Type: CORPORATION: RHODE ISLAND			

PROPERTY NUMBERS Total: 1

Property Type	Number	Word Mark		
Registration Number:	1757973	TACO		

CORRESPONDENCE DATA

Fax Number: (401)861-8210

Correspondence will be sent via US Mail when the fax attempt is unsuccessful.

Phone: 401-861-8223

Email: lbk@psh.com,rmg@psh.com
Correspondent Name: Leonard B. Katzman, Esquire
Address Line 1: 180 South Main Street
Address Line 2: Partridge Snow & Hahn LLP

Address Line 4: Providence, RHODE ISLAND 02903

NAME OF SUBMITTER:	Leonard B. Katzman		
Signature:	/Leonard B. Katzman/		
Date:	02/09/2005		

TRADEMARK REEL: 003025 FRAME: 0116

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Total Attachments: 1

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TRADEMARK REEL: 003025 FRAME: 0117



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Matthew A. Brown, Secretary of State

Corporations Division 100 North Main Street Providence, RI 02903-1335 401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR Filing Period: January 1 - March 1 • Filing Fee: \$50.00

2004

(FORM MUST BE TYPED OR PRINT	TED IN BLACK)							
1. Corporate ID No.	2. Name of Corporation							
82425	Taco, Inc.		!					
3. Street Address Principal Business O	ffice			City	State	•	Zip	
1160 Cranston S	treet			Cranston		RI	02920	
4. Business Phone No.		5. Std	e of Incorporation		··	•	6. SIC Code	
401-942-8000			II RHODE ISLAND	1			3433	
7. Brief Description of the Character of TO MANUFACTURE, BU	7. Brief Description of the Character of Business Conducted in Page Island TO MANUFACTURE, BUY, SELL, IMPORT, EXPORT AND DISTRIBUTE ANY AND ALL TYPES OF HEATING FOUIPMENT AND RELATED.						RELATED	
ACCESSORIES. 8. NAMES AND ADDRESSES	OF THE OFFICERS:	("X"	BOX FOR ATTA	CHMENT) TE FILL IN SPACE	CES BE	FORE USING AT	TACHMENTS	
President Name				Vice President Name			*** • • • • • • • • • • • • • • • • • •	
John Hazen Whit	e, Jr.			Mary Tefft White				
Street Address				Street Address		•	***************************************	
16 Stone Tower	Lane			47 S. Meadow Lane		!		
City	State	Zip		City	State		Zip	
- Barrington	RI	- 0	2806	-Barrington	RT.		02806.	
Secretary Name	M	~~~~		Treasurer Name	4		4	
Mary Tefft White	e			Glenn R. Graham				
Street Address				Street Address				
47 S. Meadow La	ne		1	120 Log Road				
City	State	Zip		City	State		Zip	
Barrington	RI		2806	Smithfield	RI	• •	02917	
9. NAMES AND ADDRESSES	OF THE DIRECTORS	: ("]	" BOX FOR ATT	4 <i>CHMENT)</i> → FILL IN SP.	ACES E	EFORE USING	TTACHMENTS	
Director Name			,	Director Name				
John Hazen White	e, Jr.			Mary Tefft White				
Street Address				Street Address				
16 Stone Tower				47 S. Meadow Lane				
	State; i i · · ; with			City	State	1	Zip	
Barrington	L RI	0	2806	Barrington	L RI	·į	02806	
Director Name				Director Name				
John E. Reed				Michael L. Martell				
Street Address	_		i	Street Address				
10 Tekoa Terrac	State	Zip	1	666 Fifth Avenue		_1	r	
•		l *	1006	City	State		Zip	
Westfield	MA		1086	New York	NY	A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	10103-0084	
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)			[] [] [] [] [] [] [] [] [] [] [] [] [] [11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ISSUED SHARES				
	Class/Series	Par Vai	ll la	Number of Shares	Class/S		Par Value	
	-	1 41 741		transer by spares	Ciasys	series	Par value	
100 NO PAR VALUE				45	Co	ommon	None	
This report must be significant	gned in ink by either	the I	resident Vice De	esident, Secretary, Assistant Se	cretar	Traceron Desc	iver or Trustes	
	5 oj vidioi			, contour, postorius, passardit ac	orciaty	, measurer, Rece	TACT OF TERREG	
	.EI.W 14 W 15 W 1 W 1 W 1 W 1 W 1 W 1 W 1 W 1 W		[t					

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct. File Date Signature of Officer Check No. Kyle A. Adamonis Print or Type Name of Officer

FOR SECRETARY OF STATE USE ONLY

Sr. Vice President Title of Officer

Form 630 Rev. 12/03