Form PTO-1504

OMB No. 0651-0011 (exp. 4/94) -799154857

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RECORDATION FORM COVER SHEET TRADEMARKS ONLY

U.S. DEPARTMENT OF COMMERCE 1

Patent and Trademark Office

orm PTO-1504 TRADEMARI	KS ONLY
1-92 To the Honorable Commissioner of Patents and Trademarks: F	Please record the attached original documents or copy hereot.
To the Honorable Commissioner of Patents and Trademarks	2. Name and address of receiving party(ies):
. Name of conveying party(ies):	- CORADE VINHOS S.A.
SOGRAPE-VINHOS DE PORTUGAL, S.A.	Name: SOGRAPE VINHOS, S.A.
	Address: Lugar de Aldeia Nova Avintes
_ Individual(s) Association _ General Partnership Limited Partnership _ Portugal	
General Partnership Limited Partnership	4400 Vila-Nova de Gaia, Portugal
General Partnership	Individual(s) citizenship
	Association General Partnership
Additional name(s) of conveying party(ies)	General Partnership
Additional name(s) of conveying party. X No	Limited Partnership x Corporation Portugal
3. Nature of conveyance:	Other
	Other
Assignment Merger Security AgreementX Change of Name	If assignee is not domiciled in the United States, a
Other	domestic representative designation is attached: Yes x No
	domestic representative designation is detained. Yes <u>x</u> No (Designations must be a separate document from
Execution Date: April 2, 2004	Assignment) Additional name(s) & addresses attached?
	Yes x No
4. Application number(s) or registration number	(s):
A. Trademark Application No.(s)	B. Trademark Registration No.(s).
A. Trademark Application	2,890,675
A delisional Numbers att	ached? Yes <u>x</u> No
	The Tatal number of applications and
5. Name and address of party to whom	
correspondence concerning accument should	
be mailed:	7. Total fee (37 CFR 3.41) \$ 40.00
Name: Nancy C. DiConza	-
	have aborded to deposit
Internal Address: <u>Fross Zelnick Lehrman</u> & <u>Zissu, P.C.</u>	X Authorized to be charged to deposit
 -	(Only if total fee is not sufficient)
Street Address: 866 United Nations Plaza	(Omy in total real
City: New York State: NY Zip: 10017	8. Deposit account number:
Tel: (212)813-5900; Fax: (212)813-5901	
	23-0825: Docket No. SVU - 0009302
	(Attach duplicate copy of this page if paying by deposit account)
DO NOT U	JSE THIS SPACE
a Out to and signature	
9. Statement and signature.	oing information is true and correct and any attached copy is a
To the best of my knowledge and belief, the foregoderuse true copy of the original document.	A A - A
true copy of the original documents	ray C. Sichary 3/16/05
Namey C. DiConza Name of Person Signing	/ Signature Date
Total number of pages co	omprising cover sheet:
	FZLZ File No.: SVILUSA TT-00/09302 NCD
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NO LONGER REQUIRED

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EFFECTIVE

OCTOBER 30, 1999

TRADEMARK REEL: 003038*FRAME: 058702 **