

Form PTO-1594 (Rev. 03/01) OMB No. 0651-0027 (exp. 5/31/2002) Tab settings ⇒ ⇒ ⇒	RECORDATION FORM COVER SHEET TRADEMARKS ONLY	U.S. DEPARTMENT OF COMMERCE U.S. Patent and Trademark Office			
To the Honorable Commissioner of Patents and Trademarks: Please record the attached original documents or copy thereof.					
1. Name of conveying party(ies): <u>CIT Group/Credit Finance, Inc.</u> <input type="checkbox"/> Individual(s) <input type="checkbox"/> Association <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership <input checked="" type="checkbox"/> Corporation-State <u>Delaware</u> <input type="checkbox"/> Other _____ Additional name(s) of conveying party(ies) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	2. Name and address of receiving party(ies) Name: <u>Sunbelt Corporation</u> Internal Address: _____ Street Address: <u>2120 Burkette Roadt</u> City: <u>Rock Hill</u> State: <u>South Carolina</u> Zip: <u>29732</u> <input type="checkbox"/> Individual(s) citizenship _____ <input type="checkbox"/> Association _____ <input type="checkbox"/> General Partnership _____ <input type="checkbox"/> Limited Partnership _____ <input checked="" type="checkbox"/> Corporation-State <u>South Carolina</u> <input type="checkbox"/> Other _____ If assignee is not domiciled in the United States, a domestic representative designation is attached: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Designations must be a separate document from assignment) Additional name(s) & address(es) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
3. Nature of conveyance: <input type="checkbox"/> Assignment <input type="checkbox"/> Merger <input type="checkbox"/> Security Agreement <input type="checkbox"/> Change of Name <input checked="" type="checkbox"/> Other <u>Release of Security Interest</u> Execution Date: <u>July 14, 2005</u>	4. Application number(s) or registration number(s): A. Trademark Application No.(s) B. Trademark Registration No.(s) <u>2,256,852</u> Additional number(s) attached: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
5. Name and address of party to whom correspondence concerning document should be mailed: Name: <u>Dorothy R. Whitney</u> Internal Address: <u>Cowan, Liebowitz & Latman, P.C.</u> Street Address: <u>1133 Avenue of the Americas</u> <u>35th Floor</u> City: <u>New York</u> State: <u>NY</u> Zip: <u>10036</u>	6. Total number of applications and registrations involved: <u>1</u> 7. Total fee (37 CFR 3.41) <u>\$40.00</u> <input type="checkbox"/> Enclosed <input checked="" type="checkbox"/> Authorized to be charged to deposit account 8. Deposit account number: <u>03-3415</u> (Attach duplicate copy of this page if paying by deposit account)				
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9. Statement and signature. <i>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.</i> <table style="width:100%; border: none;"> <tr> <td style="width:30%; border-bottom: 1px solid black;"> Dorothy R. Whitney Name of Person Signing </td> <td style="width:40%; border-bottom: 1px solid black; text-align: center;"> Signature </td> <td style="width:30%; border-bottom: 1px solid black; text-align: right;"> 7/21/05 Date </td> </tr> </table> <p style="text-align: right;">Total number of pages including cover sheet, attachments, and document: <u>3</u></p>			Dorothy R. Whitney Name of Person Signing	Signature	7/21/05 Date
Dorothy R. Whitney Name of Person Signing	Signature	7/21/05 Date			

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CERTIFICATE OF FACSIMILE TRANSMISSION

The undersigned hereby certifies that the above-captioned correspondence is being transferred by facsimile to the United States Patent and Trademark Office on the date shown above.

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SCHEDULE A

<u>Mark</u>	<u>Serial/Registration No.</u>	<u>Reel/Frame</u>
OUR DYES MAKE YOUR COLORS	2,256,852	1890/0352