

Form PTO-1594 (Rev. 06/04)
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To the Director of the U.S. Patent and Trademark Office: Please record the attached documents of the new address(es) below.

1. Name of conveying party(ies)/Execution Date(s):
AVENTIS CROPSCIENCE SA

Individual(s) Association
 General Partnership Limited Partnership
 Corporation: FRANCE
 Other: _____

Citizenship (see guidelines) _____

Execution Date(s) JUNE 11, 2002

Additional name(s) of conveying party(ies) attached? Yes No

3. Nature of conveyance:

Assignment Merger
 Security Agreement Change of Name
 Other: _____

2. Name and address of receiving party(ies)

Additional names, addresses, or citizenship attached? Yes No

Name: BAYER CROPSCIENCE SA

International
Address: 55 AVENUE RENE CASSIN

Street Address: _____

City: LYON

State: _____ Zip: 69009

Country: FRANCE

Association Citizenship _____
 General Partnership Citizenship _____
 Limited Partnership Citizenship _____
 Corporation Citizenship: FRANCE
 Other _____ Citizenship _____

If assignee is not domiciled in the United States, a domestic representative designation is attached: Yes No
(Designations must be a separate document from assignment)

4. Application number(s) or registration number(s) and identification or description of the Trademark.

A. Trademark Application No.(s)

B. Trademark Registration No.(s): 2,373,178

Additional sheet(s) attached: Yes No

C. Identification or Description of Trademark(s) (and Filing Date if Application or Registration Number is unknown): **26 GT**

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

Name: Donald L. Dennison

Company: Dennison Schultz Dougherty & MacDonald

Internal Address: Suite 105

Street Address: 1727 King Street

City: Alexandria

State: Virginia Zip: 22314

Phone Number: 703 837 9600 ext. 15

Fax Number: 703 837 0980

Email Address: ddennison@dennisonlaw.com

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 by credit card
 Authorized to be charged to deposit account
 Enclosed

8. Payment Information:

a. Credit Card Last 4 Numbers 1013
Expiration Date AUGUST, 2007

b. Deposit Account Number _____

9. Signature: *Donald L. Dennison*
Signature

Donald L. Dennison
Name of Person Signing

Date: 7/18/05

Total number pages including cover sheet, sheet, attachments, and document:

Documents to be recorded (including cover sheet) should be faxed to (703) 306-5995, or mailed to:
Mail Stop Assignment Recordation Services, Director of the USPTO, P.O. Box 1450, Alexandria, VA 22313-1450

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