



05-31-2005



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RECORDATION FORM COVER
TRADEMARKS O.

103011500

To the Director of the U. S. Patent and Trademark Office: Please record the attached documents or the new address(es) below.

1. Name of conveying party(ies):

DSM N.V.

- Individual(s) Association
- General Partnership Limited Partnership
- Corporation- State: The Netherlands
- Other _____

Citizenship (see guidelines) _____

Additional names of conveying parties attached? Yes No

2. Name and address of receiving party(ies)

Additional names, addresses, or citizenship attached? Yes No

Name: Koninklijke DSM N.V.

Internal

Address: _____

Street Address: Het Overloon 1

City: Heerlen

State: _____

Country: The Netherlands Zip: 6411 Te

- Association Citizenship _____
- General Partnership Citizenship _____
- Limited Partnership Citizenship _____
- Corporation Citizenship Netherlands
- 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)

3. Nature of conveyance /Execution Date(s) :

Execution Date(s) May 28, 2003

- Assignment Merger
- Security Agreement Change of Name
- Other Correction to Recordation Cover

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)

1,278,494
1.270.442

Additional sheet(s) attached? Yes No

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

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

Name: Susan T. Brown

Internal Address: Intellectual Property

Street Address: 1909 K Street, N.W.

City: Washington

State: D.C. Zip: 20006

Phone Number: 202-263-3000

Fax Number: 202-263-3300

Email Address: _____

6. Total number of applications and registrations involved:

2

7. Total fee (37 CFR 2.6(b)(6) & 3.41) \$ 80.00

- Authorized to be charged by credit card
- Authorized to be charged to deposit account
- Enclosed

8. Payment Information:

a. Credit Card Last 4 Numbers _____
Expiration Date _____

b. Deposit Account Number 503121

Authorized User Name Susan T. Brown

9. Signature:

Signature

May 25, 2005

Date

Susan T. Brown

Name of Person Signing

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

2

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

05/27/2005 ECOOPER 00000098 503121 1278494

01 FC:8521 40.00 DA
02 FC:8522 25.00 DA

RECORDATION FORM COVER SHEET TRADEMARKS ONLY

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8. Payment Information:

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Signature

May 17, 2005

Date

Susan T. Brown
Name of Person Signing

Total number of pages including cover sheet, attachments, and document: 2

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Mail Stop Assignment Recordation Services, Director of the USPTO, P.O. Box 1450, Alexandria, VA 22313-1450



DECLARATION

TO WHOM IT MAY CONCERN

The Kamer van Koophandel en Fabrieken voor Zuid-Limburg (Chamber of Commerce and Industry for South-Limburg) at Maastricht, the Netherlands, hereby declares that according to entry number 14022069 in the Trade Register the name of DSM N.V. has been changed into Koninklijke DSM N.V. by notarial deed executed on the 28th of May 2003.

Maastricht, 18 february 2004

S.H.P. Paffen-Gehlen
Medewerkster Registrering & Voorlichting