

05-01-2006

Form PTC 1594 (Rev. 07/05)

RECORD

U.S. DEPARTMENT OF COMMERCE Patent and Trademark Office

OMB Collection 0651-0027 (exp. 6/30/08)

T



103228677

ments or the new address(es) below.

21-27-06

To the Director of the U.S. Patent and Trademark

1. Name of conveying party(ies):

Mollewood Export, Inc.

- Individual(s) Association
General Partnership Limited Partnership
X Corporation - State: Michigan
Other

Citizenship (see guidelines) USA

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

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

- Assignment Merger
Security Agreement X Change of Name
Other

Execution Date: 04/21/06

2. Name and address of receiving party(ies)

Additional names, addresses, or citizenship attached? Yes X No

Name: Pak-Rite, Ltd.-Michigan

Internal Address:

Street Address: 46915 Liberty Drive

City: Wixom State: Michigan Zip: 48393

- Association Citizenship
General Partnership Citizenship
Limited Partnership Citizenship
X Corporation Citizenship USA
Other

If assignee is not domiciled in the U.S., 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)

3,061,464

Additional sheef(s) attached? Yes X No

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

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

Name: Christopher J. Fildes

Internal Address:

Street Address: Fildes & Outland, P.C.

20916 Mack Avenue, Suite 2

City: Grosse Pointe Woods State: MI ZIP: 48236

Phone Number: (313)885-1500

Fax Number: (313)885-0340

Email Address:

6. Total number of applications and registrations involved:

7. Total Fee (37 CFR 2.6(b)(6) & 3.41) \$ 40

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

8. Payment Information:

a. Credit Card Last 4 Numbers 5790 Expiration Date 7/08

b. Deposit Account Number Authorized User Name

9. Signature:

Handwritten signature of Christopher J. Fildes

April 21, 2006 Date

Christopher J. Fildes 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 (571)273-0140, or mailed to: Mail Stop Assignment Recordation Service, Director of the USPTO, P.O. Box 1450, Alexandria, VA 22313-1450

TRADEMARK REEL: 003334 FRAME: 0582

CHANGE OF
NAME

NO DOCUMENTATION

REQUIRED