



RECORDATION
TRADEMARKS ONLY

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

6/6/06

1. Name of conveying party(ies):

Viceroy Homes Limited
30 Melford Drive
Scarborough, Ontario M1B 1Z4
Canada

- Individual(s) Association
- General Partnership Limited Partnership
- Corporation- State: Ontario, Canada
- Other _____

Citizenship (see guidelines) Canadian

Additional names of conveying parties attached? Yes No

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

Execution Date(s) March 30, 1999

- Assignment Merger
- Security Agreement Change of Name
- Other Change of Address

2. Name and address of receiving party(ies)

Additional names, addresses, or citizenship attached? Yes No

Name: Viceroy Homes Limited

Internal _____

Address: _____

Street Address: 414 Croft Street East

City: Port Hope

State: Ontario

Country: Canada Zip: L1A 4H1

Association Citizenship _____

General Partnership Citizenship _____

Limited Partnership Citizenship _____

Corporation Citizenship Canadian

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)

1,510,136
(Document ID NO. 103173535)

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: M. Stephen Georgas

Internal Address: Miller Thomson LLP

Scotia Plaza

Street Address: 40 King Street West, Suite 5800

PO Box 1011

City: Toronto

State: Ontario Zip: M5H 3S1

Phone Number: 416.595.8558

Fax Number: 416.595.8695

Email Address: _____

6. Total number of applications and registrations involved:

1

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 _____
Expiration Date _____

b. Deposit Account Number _____

Authorized User Name _____

9. Signature:

M. Stephen Georgas
Signature

May 19, 2006
Date

M. Stephen Georgas

Name of Person Signing

Total number of pages including cover sheet, attachments, and document: 4

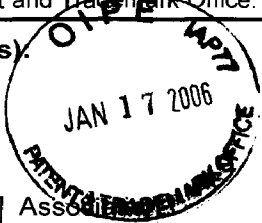
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103173535

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State: _____

Country: _____ Zip: _____

Association Citizenship _____

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Name: Miller Thomson LLP

Internal Address: _____
Suite 2500

Street Address: 20 Queen Street West

City: Toronto, Ontario M5H 3S1

State: _____ Zip: _____

Phone Number: 416.595.8558

Fax Number: 416.595.8695

Email Address: _____

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02/07/2006 LNUELLER 0000033 1510136

b. Deposit Account Number _____

01 FC:8521

48.00 00

Authorized User Name _____

9. Signature:

M. Stephen Georgas
Signature

January 10, 2006

Date

M. Stephen Georgas

Name of Person Signing

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