

Form PTO-1594 (Rev. 03/01)

OMB No. 0651-0027 (exp. 5/31/2002)

# RECORDATION FORM COVER SHEET TRADEMARKS ONLY

U.S. DEPARTMENT OF COMMERCE  
U.S. Patent and Trademark Office

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To the Honorable Commissioner of Patents and Trademarks: Please record the attached original documents or copy thereof.

### 1. Name of conveying party(ies):

Covaleance Specialty Materials Holding Corp.

- Individual(s)
- General Partnership
- Corporation-Delaware
- Other \_\_\_\_\_
- Association
- Limited Partnership

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

### 3. Nature of conveyance:

- Assignment
- Security Agreement
- Other \_\_\_\_\_
- Merger
- Change of Name

Execution Date: 09/21/2006

### 2. Name and address of receiving party(ies)

Name: Covaleance Specialty Materials Corp.

Internal

Address: \_\_\_\_\_

Street Address: 1401 West 94th Street

City: Minneapolis State: MN Zip: 55431

- Individual(s) citizenship \_\_\_\_\_
- Association \_\_\_\_\_
- General Partnership \_\_\_\_\_
- Limited Partnership \_\_\_\_\_
- Corporation-State Delaware
- Other \_\_\_\_\_

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)  
Additional name(s) & address(es) attached?  Yes  No

### 4. Application number(s) or registration number(s):

A. Trademark Application No.(s) 78/796,198

B. Trademark Registration No.(s) \_\_\_\_\_

Additional number(s) attached  Yes  No

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

Name: Moser IP Law Group

Internal Address: \_\_\_\_\_

Street Address: 1040 Broad Street

2nd Floor

City: Shrewsbury State: NJ Zip: 07702

### 6. Total number of applications and registrations involved:

1

7. Total fee (37 CFR 3.41).....\$ 40.00

- Enclosed
- Authorized to be charged to deposit account

### 8. Deposit account number:

50-3562

DO NOT USE THIS SPACE

### 9. Signature.

Ann M. LaFeir, Reg. No. 57,868

Name of Person Signing

*Ann M. LaFeir*  
Signature

10/10/06  
Date

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

Mail documents to be recorded with required cover sheet information to:  
Commissioner of Patent & Trademarks, Box Assignments  
Washington, D.C. 20231

CH \$40.00 503562 78796198

**TRADEMARK ASSIGNMENT**

WHEREAS, COVALENCE SPECIALTY MATERIALS HOLDING CORP. (hereinafter "Assignor"), the full address of whose principal office or place of business is 9 West 57<sup>th</sup> Street, New York, New York 10019, is the owner of the following trademark:

<u>Trademark</u>	<u>Application No.</u>	<u>Date of Application</u>
COVALENCE	U.S. 78/796198	January 20, 2006

AND WHEREAS, COVALENCE SPECIALTY MATERIALS CORP. (hereinafter "Assignee"), the full post office address of whose principal office or place of business is 1401 West 94th Street, Minneapolis MN 55431 is desirous of acquiring all rights in and to the Trademark and all goodwill attached thereto;

NOW THEREFORE, for good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, and effective \_\_\_\_\_, said Assignor does hereby assign and transfer to said Assignee, its successors and assigns, all right, title and interest in and to the Trademark, for all countries, jurisdictions, and political entities of the world, whether or not registered, together with the goodwill attaching to said Trademark, and the right to sue and recover for past infringement of the said Trademark, as well as the right to invoke and claim the right of priority provided by the International Convention for the Protection of Industrial Property, as amended, or by a convention which may henceforth be substituted for it;

SAID ASSIGNOR hereby consents that a copy of this assignment shall be deemed a full and formal equivalent of any assignment, consent to file or like document which may be required in any country or region for recordation purposes for any of the foregoing rights conveyed herein;

SAID ASSIGNOR hereby covenants that it has the full right to convey the entire right, title and interest herein assigned and that it has not executed and will not execute any agreement in conflict herewith;

IN WITNESS WHEREOF, said Assignor has caused this assignment to be executed under the hands of its duly authorized officers, in the City of Princeton, NJ.

Assignor: COVALENCE SPECIALTY MATERIALS HOLDING CORP.  
Signature: [Handwritten Signature] Date: 9/21/06  
Name: Marvin Schlanger  
Title: Chairman

The above signature was witnessed or notarized (U.S. only) as follows:

Witness Signature: [Handwritten Signature]  
Date: 9/21/06  
Name: Kathy M. Filion  
Address: 116 Glen Brook Place  
Hightstown, NJ 08520

OR

State of: \_\_\_\_\_

County of: \_\_\_\_\_

On this \_\_\_\_ day of \_\_\_\_\_, 2006, before me personally came \_\_\_\_\_ to me personally known, or who has produced \_\_\_\_\_ as identification, known to me to be the person described in and who executed the foregoing assignment, and acknowledged to me that the execution of the same was a free act and deed.

\_\_\_\_\_  
Printed Name of Notary

\_\_\_\_\_  
Signature of Notary

Notary Seal

IN ACKNOWLEDGEMENT of the foregoing, said Assignee has caused this assignment to be accepted under the hands of its duly authorized officer, in the City of Princeton, NJ :

Assignee: COVADENCE SPECIALTY MATERIALS CORP.

Signature: [Handwritten Signature] Date: 9/21/06

Name: Gail E. Lehman

Title: V.P. General Counsel & Secretary

The above signature was witnessed or notarized (U.S. only) as follows:

Witness Signature: [Handwritten Signature]

Date: 9/21/06

Name: Kathy M. Filion

Address: 116 Glen Brook Place  
Hightstown, NJ 08520

OR

State of: \_\_\_\_\_

County of: \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, 2006, before me personally came \_\_\_\_\_ to me personally known, or who has produced \_\_\_\_\_ as identification, known to me to be the person described in and who executed the foregoing assignment, and acknowledged to me that the execution of the same was a free act and deed.

\_\_\_\_\_

Printed Name of Notary

\_\_\_\_\_

Signature of Notary

Notary Seal