

Form PTO-1594
1-31-92

U.S. Department of Commerce
Patent and Trademark Office

RECORDATION FORM COVER SHEET TRADEMARKS ONLY

Our Ref.: FPP-4017-15

Mail Stop Assignment Recordation Services VIA FAX ONLY 571-273-0140

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

To the Commissioner for Trademarks: Please record the attached original documents or copy thereof.

<p>1. Name of conveying party(ies): DE TOMASO MODENA S.P.A.</p> <p><input type="checkbox"/> Individual(s) <input type="checkbox"/> Association <input type="checkbox"/> General partnership <input type="checkbox"/> Limited Partnership <input checked="" type="checkbox"/> Corporation-State: Italy <input type="checkbox"/> Other: _____</p> <p>3. Nature of conveyance:</p> <p><input type="checkbox"/> Assignment <input type="checkbox"/> Merger <input type="checkbox"/> Security Assignment <input checked="" type="checkbox"/> Change of Name <input type="checkbox"/> Other: _____</p> <p>Execution Date: <u>May 25, 2004</u></p>	<p>2. Name and address of receiving party(ies): Name: DE TOMASO MODENA S.P.A. - IN <u>LIQUIDAZIONE</u></p> <p>Internal Address: _____ Street Address: <u>Viale Virgilio 9</u></p> <p>City: <u>41100 Modena</u> State/Country: <u>ITALY</u> Zip: _____</p> <p><input type="checkbox"/> Individual(s) citizenship _____ <input type="checkbox"/> Association _____ <input type="checkbox"/> General Partnership _____ <input type="checkbox"/> Limited Partnership _____ <input checked="" type="checkbox"/> Corporation-State <u>Italy</u> <input type="checkbox"/> Other _____</p> <p>If assignee is not domiciled in the United States, a domestic representative designation is attached: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Designations must be a separate document from Assignment) Additional name/s & address/es attached <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
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4. Application number(s) or registration number(s):
If this document is being filed together with a new application, the execution date of the application is: _____


<p>A. Trademark Application No.(s)</p> <p>(1) _____ (2) _____ (3) _____</p>	<p>B. Trademark Registration No.(s)</p> <p>(1) <u>2,113,552</u> (2) <u>2,113,530</u> (3) _____</p>
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Additional numbers attached? Yes No

<p>5. Name and address of party to whom correspondence concerning document should be mailed: Name: <u>Frank P. Presta</u> Internal Address: _____ Street Address: <u>Nixon & Vanderhye P.C.</u> <u>901 North Glebe Road</u> <u>11th Floor</u> City <u>Arlington</u> State: <u>VA</u> Zip: <u>22203</u></p>	<p>6. Total number of applications and registrations involved: <u>2</u></p> <p>7. Total fee (37 CFR 3.41)(8521; \$40) (8522; \$25)\$ <u>65.00</u> <input type="checkbox"/> Enclosed <input checked="" type="checkbox"/> Authorized to be charged to deposit account #14-1140</p> <p>8. The Commissioner is hereby authorized to charge any deficiency, or credit any overpayment, in the fee(s) filed, or asserted to be filed, or which should have been filed herewith (or with any paper thereafter filed in this application by this firm) to our Account No. 14-1140.</p>
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DO NOT USE THIS SPACE

9. Statements and signature.
To the best of my knowledge and belief, the foregoing information is true and correct and any attached copy is a true copy of the original document.

Frank P. Presta  October 25, 2007
Name of Person Signing Signature Date

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

FPP:cgp

CH \$65.00 141140 2113552

***No additional documents are
attached to this change of name***