

Form PTO-1594 (Rev. 07/05)
OMB Collection 0651-0027 (exp. 6/30/2008)

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

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1011-TM-632/649/752/983

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):

INTERCAST EUROPE S.P.A

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

Citizenship (see guidelines) ITALY

Additional names of conveying parties attached? Yes No

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

Execution Date(s) November 30, 2007

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

2. Name and address of receiving party(ies)

- Yes
- No

Additional names, addresses, or citizenship attached?

Name: INTERCAST EUROPE S.R.L.

Internal

Address: _____

Street Address: Via G. Natta, 10/a-Area SPIP

City: Parma

State: _____

Country: ITALY Zip: 43100

- Association Citizenship _____
- General Partnership Citizenship _____
- Limited Partnership Citizenship _____
- Corporation Citizenship _____
- Other LLC Citizenship ITALY

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)

2,188,629; 1,289,870; 2,289,387; 1,543,338

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: Kathleen A. Costigan

Internal Address: Hedman & Costigan, P.C.

Street Address: 1185 Avenue of the Americas

City: New York

State: New York Zip: 10036

Phone Number: (212) 302-8989

Fax Number: (212) 302-8998

Email Address: _____

6. Total number of applications and registrations involved:

4

7. Total fee (37 CFR 2.6(b)(6) & 3.41) \$ 115.00

- 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 08-1540

Authorized User Name Kathleen A. Costigan

9. Signature:

Signature

Kathleen A. Costigan

Name of Person Signing

December 10, 2007

Date

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 Services, Director of the USPTO, P.O. Box 1450, Alexandria, VA 22313-1450

DECLARATION

DICHIARAZIONE

I, the undersigned,

Io, il sottoscritto,

Dott. RODOLFO CAVANSOLI
dott. Notaio in Collechio
PARMA - Via Verdi, 21
Tel. 0521 237577 - Fax 0521 285642
Notary Public in (Italy)

Dott. RODOLFO CAVANDOLI
dott. Notaio in Collechio
PARMA - Via Verdi, 21
Tel. 0521 237577 - Fax 0521 285642
Notaio in (Italia)

do hereby certify that

con la presente certifico che

on 27 giugno 2007

in data 27 giugno 2007

the Italian company

la società

INTERCAST EUROPE S.p.A.

INTERCAST EUROPE S.p.A.

located at
Via G. Natta, 10/a - Area SPIP-
43100 - Parma
Italy

con sede in
Via G. Natta, 10/a - Area SPIP-
43100 - Parma
Italia

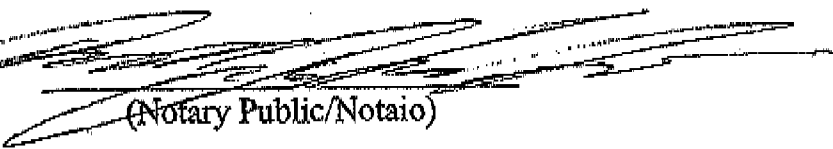
changed name to

ha cambiato denominazione

INTERCAST EUROPE S.r.l.

INTERCAST EUROPE S.r.l.

PARMA, 30 NOVEMBRE 2007


(Notary Public/Notaio)

