

### RECORDATION FORM COVER SHEET TRADEMARKS ONLY

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):**

MAN Roland Druckmaschinen Aktiengesellschaft

- Individual(s)                       Association
- General Partnership               Limited Partnership
- Corporation- State: Germany
- Other \_\_\_\_\_

Citizenship (see guidelines) Germany

Additional names of conveying parties attached?  Yes  No

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

Execution Date(s) May 28, 2008

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

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

Additional names, addresses, or citizenship attached?  Yes  No

Name: manroland AG

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

Street Address: Mühlheimer Str. 341

City: Offenbach/Main

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

Country: Germany                      Zip: 63075

Association      Citizenship \_\_\_\_\_

General Partnership      Citizenship \_\_\_\_\_

Limited Partnership      Citizenship \_\_\_\_\_

Corporation      Citizenship Germany

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)

1,449,286; 1,458,002; 1,450,373; 2,658,168; 1,863,500

Additional sheet(s) attached?  Yes  No

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

LITHOMAN; COLORMAN; UNIMAN; CARTOMAN; GEOMAN

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

Name: Robert P. Michal

Internal Address: Frishauf, Holtz, Goodman & Chick, P.C.

Street Address: 220 Fifth Avenue

City: New York

State: New York                      Zip: 10001-7708

Phone Number: (212) 319-4900

Fax Number: (212) 319-5101

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

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

5

**7. Total fee (37 CFR 2.6(b)(6) & 3.41) \$ 200.00**

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

**8. Payment Information:**

a. Credit Card      Last 4 Numbers 1118  
Expiration Date 10/2008

b. Deposit Account Number \_\_\_\_\_

Authorized User Name \_\_\_\_\_

**9. Signature:**

Signature

July 22, 2008

Date

Robert P. Michal

Name of Person Signing

Total number of pages including cover sheet, attachments, and document: 3

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

OP \$140.00 1449286

**TRADEMARK - CHANGE OF NAME  
OF REGISTRANT**

**NO DOCUMENTATION REQUIRED**