

RE 5/4/09



103561511

RECORDATION FORM COVER SHEET
TRADEMARKS ONLY

ID # 103559137

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):

Lawson Manufacturing, Inc.

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

Citizenship (see guidelines) _____

Additional names of conveying parties attached? Yes No

2. Name and address of receiving party(ies)

Additional names, addresses, or citizenship attached? Yes No

Name: Progress Bank of Florida f/k/a Bay Financial Sav

Internal

Address: _____

Street Address: 5537 Sheldon Road, Suite D

City: Tampa

State: Florida

Country: USA Zip: 33615

- Association Citizenship _____
- General Partnership Citizenship _____
- Limited Partnership Citizenship _____
- Corporation Citizenship _____
- Other _____ Citizenship Florida

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)

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

Execution Date(s) 03/27/2008

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

4. Application number(s) or registration number(s) and identification or description of the Trademark.

A. Trademark Application No.(s)

77-429,688

B. Trademark Registration No.(s)

3,536,498

Additional sheet(s) attached? Yes No

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

Trademark for Lawson Manufacturing; Agricultural machines, namely Aerators in Class 7

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

Name: E. Ashley McRae

Internal Address: _____

Street Address: 712 South Oregon Avenue

City: Tampa

State: Florida Zip: 33606

Phone Number: 813-250-0577

Fax Number: 813-250-9898

Email Address: amcrae@cowmpa.com

6. Total number of applications and registrations involved:

1

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

- Authorized to be charged to deposit account
- Enclosed

8. Payment Information:

Deposit Account Number _____

Authorized User Name _____

9. Signature:

E. Ashley McRae
Signature

May 18, 2009

Date

E. Ashley McRae
Name of Person Signing

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 1460, Alexandria, VA 22313-1460

**STATE OF FLORIDA UNIFORM COMMERCIAL CODE
FINANCING STATEMENT FORM**

A. NAME & DAYTIME PHONE NUMBER OF CONTACT PERSON Lillie L. Jackson 813-243-7708
B. SEND ACKNOWLEDGEMENT TO: Name E. Ashley McRae Address Carey, O'Malley, Whitaker & Manson, P.A. Address 712 S. Oregon Avenue City/State/Zip Tampa, Florida 33606

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S EXACT FULL LEGAL NAME – INSERT ONLY ONE DEBTOR NAME (1a OR 1b) – Do Not Abbreviate or Combine Names

1a. ORGANIZATION'S NAME LAWSON MANUFACTURING, INC.				
1b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX
1c. MAILING ADDRESS 700 DYER BLVD.		CITY KISSIMMEE	STATE FLORIDA	POSTAL CODE 33741
1d. TAX ID# 59-3047672	REQUIRED ADD'L INFO RE: ORGANIZATION DEBTOR	1e. TYPE OF ORGANIZATION CORPORATION	1f. JURISDICTION OF ORGANIZATION FLORIDA	1g. ORGANIZATIONAL ID# NONE <input type="checkbox"/>

2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME – INSERT ONLY ONE DEBTOR NAME (2a OR 2b) – Do Not Abbreviate or Combine Names

2a. ORGANIZATION'S NAME				
2b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX
2c. MAILING ADDRESS		CITY	STATE	POSTAL CODE
2d. TAX ID#	REQUIRED ADD'L INFO RE: ORGANIZATION DEBTOR	2e. TYPE OF ORGANIZATION	2f. JURISDICTION OF ORGANIZATION	2g. ORGANIZATIONAL ID# <input type="checkbox"/> NONE

3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) – INSERT ONLY ONE SECURED PARTY NAME (3a OR 3b)

3a. ORGANIZATION'S NAME PROGRESS BANK OF FLORIDA F/K/A BAY FINANCIAL SAVINGS BANK, F.S.B.				
3b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX
3c. MAILING ADDRESS 5537 Sheldon Road, Suite D		CITY Tampa	STATE FL	POSTAL CODE 33615
				COUNTRY U.S.

4. This FINANCING STATEMENT covers the following collateral:

DEBTOR'S OWNERSHIP INTEREST IN THE TRADE MARK FOR LAWSON MANUFACTURING, SERIAL NUMBER 77-429,688 filed on March 24, 2008, REGISTRATION NO. 3,536,498, Registered November 25, 2008.

5. ALTERNATE DESIGNATION (if applicable)	<input type="checkbox"/>	LESSEE/LESSOR	<input type="checkbox"/>	CONSIGNEE/CONSIGNOR	<input type="checkbox"/>	BAILEE/BAILOR
	<input type="checkbox"/>	AG. LIEN	<input type="checkbox"/>	NON-UCC FILING	<input type="checkbox"/>	SELLER/BUYER

6. Florida DOCUMENTARY STAMP TAX – YOU ARE REQUIRED TO CHECK EXACTLY ONE BOX

All documentary stamps due and payable or to become due and payable pursuant to s. 201.22 F.S., have been paid.

Florida Documentary Stamp Tax is not required.

7. OPTIONAL FILER REFERENCE DATA 3712.016

STANDARD FORM - FORM UCC-1 (REV.12/2001) Filing Office Copy Approved by the Secretary of State, State of Florida