

Form PTO-1594  
1-31-92

U.S. Department of Commerce  
Patent and Trademark Office

**RECORDATION FORM COVER SHEET  
TRADEMARKS ONLY**

Our Ref.: DMB-4041-59

**Mail Stop Assignment Recordation Services**  
Commissioner for Patents

P.O. Box 1450  
Alexandria, VA 22313-1450

**VIA FAX: 571 273-0140**

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

1. Name of conveying party(ies):  
Douglas Technical Limited

Individual(s)                       Association  
 General partnership               Limited Partnership  
 Corporation-State:  
 Other: Isle of Man Corporation

2. Name and address of receiving party(ies):  
Name: Kronoplus Technical AG  
Internal Address: \_\_\_\_\_  
Street Address: Rüthhofstraße 1  
\_\_\_\_\_  
City: Niederteufen  
State/Country: Switzerland  
Zip: 9052

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

3. Nature of conveyance:

Assignment                       Merger  
 Security Assignment               Change of Name  
 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

Execution Date: December 24, 2007

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:  
 A. Trademark Application No.(s)  
 (1) \_\_\_\_\_  
 (2) \_\_\_\_\_  
 (3) \_\_\_\_\_

B. Trademark Registration No.(s)  
 (1) 3,031,070  
 (2) \_\_\_\_\_  
 (3) \_\_\_\_\_

Additional numbers attached?  Yes  No

5. Name and address of party to whom correspondence concerning document should be mailed:  
 Name: Duane M. Byers  
 Internal Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Street Address: Nixon & Vanderhye P.C.  
901 North Glebe Road  
11th Floor  
 City Arlington State: VA Zip: 22203


6. Total number of applications and registrations involved: 1

7. Total fee (37 CFR 3.41)(8521; \$40) (8522; \$25)\$ 40.00  
 Enclosed  
 Authorized to be charged to deposit account #14-1140

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.

**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.

Duane M. Byers                                            April 21, 2010  
 Name of Person Signing                      Signature                      Date

Total number of pages including cover sheet, attachments and document: 2

DMB:lfo

CH \$40.00 141140 3031070

**DEED OF CONFIRMATION OF ASSIGNMENT**

This Deed of Confirmation of Assignment is made

between

**Douglas Technical Limited**

**St. George's Court  
Upper Church Street  
Douglas, Isle of Man**

(hereinafter called the Assignor(s))

and

**Kronoplus Technical AG**

**Rütihofstraße 1  
9052 Niederteufen  
Switzerland**

(hereinafter called the Assignee(s))

The Assignor(s) as a proprietor of the trademark(s) set out in the attached schedule herewith declare/s to have assigned and transferred to the Assignee(s) by Agreement of December 24, 2007 the said trademark(s) and goodwill with all right, title and interest for good and valuable consideration and agree/s that this assignment be recorded in the official register.

The Assignee(s) herewith confirm/s to have accepted the aforementioned assignment and request/s and consent/s to the recordal of the assignment in the official registers of the patent and trademark offices.

Douglas Technical Limited

Kronoplus Technical AG

Place/Date Niederteufen 20/1/09

Place/Date NIEDERTEUFEN 20/1/09

Name C STANFORD

Name DR. F. MUELLER

Signature [Signature]

Signature [Signature]

Function Director

Function MANAGING DIRECTOR

ASSIGNOR(S)

ASSIGNEE(S)

**TRADEMARK**