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FORM PTO-1594



SHEET

U.S. DEPARTMENT OF COMMERCE
Patent and Trademark Office

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To the Hon. Commissioner of Patents & Trademarks: Please record the attached original documents or copy thereof.

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| <p>1. Name of conveying party(ies):</p> <p>Figgie Licensing Corporation</p> <p><input type="checkbox"/> Individual(s) <input type="checkbox"/> Association <input type="checkbox"/> General Partnership <input type="checkbox"/> Other <input type="checkbox"/> Limited Partnership <input checked="" type="checkbox"/> Corporation - Delaware</p> <p>Additional name(s) of conveying party(ies) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> | <p>2. Name and address of receiving party(ies):</p> <p>Name: Logan Glidepath New Zealand Limited</p> <p>Street Address: 30 Cartwright Road Gleneden Auckland, New Zealand</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 - New Zealand <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>Additional name(s) & address(es) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> |
| <p>3. Nature of conveyance:</p> <p><input checked="" type="checkbox"/> Assignment <input type="checkbox"/> Merger <input type="checkbox"/> Change of Name <input type="checkbox"/> Other <input type="checkbox"/> Security Agreement</p> <p>Execution Date: December 11, 1995</p> | |

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| <p>4. Application number(s) or registration (numbers):</p> <p>A. Trademark Application No(s).</p> | <p>B. Trademark Registration No(s).</p> <p>1,282,161</p> <p>Additional numbers attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> |
| <p>5. Name and address of party to whom correspondence concerning document should be mailed:</p> <p>YOUNG & THOMPSON Second Floor 745 South 23rd Street Arlington, VA 22202</p> | <p>6. Total number of applications and registrations involved: 1</p> <p>7. Total fee (37 CFR 3.41).....\$ 40 <input type="checkbox"/> Enclosed <input checked="" type="checkbox"/> Authorized to be charged to deposit account</p> <p>8. Deposit Account No. 25-0120 <small>(Attach duplicate copy of this page if paying by deposit account.)</small></p> |

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9. Statement 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.

 Susan Trader
 Name of Person Signing

Susan Trader

 Signature

September 2, 1998

 Date

Total number of pages including cover sheet: [2]

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