

10-29-2001



101888634

RECORDATION FORM COVER SHEET TRADEMARKS ONLY

TO: The Commissioner of Patents and Trademarks: Please record the attached original document(s) or copy(ies).

Submission Type

- New 10/24/01
- Resubmission (Non-Recordation)
Document ID #
- Correction of PTO Error
Reel # Frame #
- Corrective Document
Reel # Frame #

Conveyance Type

- Assignment License
- Security Agreement Nunc Pro Tunc Assignment
- Merger Effective Date
Month Day Year
- Change of Name
- Other

Conveying Party

Mark if additional names of conveying parties attached

Execution Date
Month Day Year

Name

Formerly

- Individual General Partnership Limited Partnership Corporation Association
- Other
- Citizenship/State of Incorporation/Organization

Receiving Party

Mark if additional names of receiving parties attached

Name

DBA/AKATA

Composed of

Address (line 1)

Address (line 2)

Address (line 3)
City

State/Country

Zip Code

- Individual General Partnership Limited Partnership
- Corporation Association
- Other
- Citizenship/State of Incorporation/Organization

If document to be recorded is an assignment and the receiving party is not domiciled in the United States, an appointment of a domestic representative should be attached. (Designation must be a separate document from Assignment.)

FOR OFFICE USE ONLY

Public burden reporting for this collection of information is estimated to average approximately 30 minutes per Cover Sheet to be recorded, including time for reviewing the document and gathering the data needed to complete the Cover Sheet. Send comments regarding this burden estimate to the U.S. Patent and Trademark Office, Chief Information Officer, Washington, D.C. 20231 and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Paperwork Reduction Project (0651-0027), Washington, D.C. 20503. See OMB Information Collection Budget Package 0651-0027, Patent and Trademark Assignment Practice. DO NOT SEND REQUESTS TO RECORD ASSIGNMENT DOCUMENTS TO THIS ADDRESS.

Mail documents to be recorded with required cover sheet(s) information to:
Commissioner of Patents and Trademarks, Box Assignments, Washington, D.C. 20231

Domestic Representative Name and Address

Enter for the first Receiving Party only.

Name

Address (line 1)

Address (line 2)

Address (line 3)

Address (line 4)

Correspondent Name and Address

Area Code and Telephone Number

Name

Address (line 1)

Address (line 2)

Address (line 3)

Address (line 4)

Pages

Enter the total number of pages of the attached conveyance document including any attachments. #

Trademark Application Number(s) or Registration Number(s)

Mark if additional numbers attached

Enter either the Trademark Application Number or the Registration Number (DO NOT ENTER BOTH numbers for the same property).

Trademark Application Number(s)

Registration Number(s)

Number of Properties

Enter the total number of properties involved. #

Fee Amount

Fee Amount for Properties Listed (37 CFR 3.41): \$

Method of Payment:

Enclosed Deposit Account

Deposit Account

(Enter for payment by deposit account or if additional fees can be charged to the account.)

Deposit Account Number: #

Authorization to charge additional fees: Yes No

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. Charges to deposit account are authorized, as indicated herein.

John P. Shannon
Name of Person Signing


Signature

10-24-01
Date Signed



09-21-2001



101854542

6.14.01

REGISTRATION FORM COVER SHEET
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TRADEMARK
REEL: 2389 FRAME: 0994

Domestic Representative Name and Address

Enter for the first Receiving Party only.

Name

Address (line 1)

Address (line 2)

Address (line 3)

Address (line 4)

Correspondent Name and Address

Area Code and Telephone Number

Name

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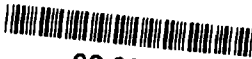
John P. Shannon

Name of Person Signing


Signature

2-20-01

Date Signed



02-20-2001

U.S. Patent & TMO/TM Mail Rcpt. Dt. #31

03-06-2001
~~Barcode~~
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Citizenship/State of Incorporation/Organization

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3/06/2001 RPHMED1 00000001 75286165

0:481 40.00 BP

0:482 125.00 BP

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REEL: 2389 FRAME: 0996

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Name

Address (line 1)

Address (line 2)

Address (line 3)

Address (line 4)

Correspondent Name and Address

Area Code and Telephone Number

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John P. Shannon

Name of Person Signing



Signature

2-20-01

Date Signed

For Ministry Use Only
A l'usage exclusif du ministere
Ministry of
Consumer and
Ontario Commercial Relations



CERTIFICATE
This is to certify that these
articles are effective on

MINISTRE DE
la Consommation
et du Commerce
CERTIFICAT
Ceci certifie que les presents
statuts entrent en vigueur le

Ontario Corporation Number
Numero de la société en Ontario

1056102

NOVEMBER 21 NOVEMBRE, 2000

Director - Directeur
Business Corporations Act / Loi sur les sociétés par actions

Form 3
Business
Corporations
Act

**ARTICLES OF AMENDMENT
STATUTS MODIFICATION**

Formule 3
Loi sur les
sociétés par
actions

1. The name of the corporation is: *Dénomination sociale de la société:*

ALUSUISSE LONZA CANADA INC.

2. The name of the corporation is changed to (if applicable): *Nouvelle dénomination sociale de la société (s'il y a lieu):*

ALUSUISSE CANADA INC.

3. Date of incorporation/amalgamation: *Date de la constitution ou de la fusion:*

1993, December, 15

(Year, Month, Day)
(année, mois, jour)

4. The articles of the corporation are amended as follows: *Les statuts de la société sont modifiés de la façon suivante.*

To change the name of the Corporation to ALUSUISSE CANADA INC.

- 5. The amendment has been duly authorized as required by Sections 168 & 170 (as applicable) of the Business Corporations Act. *La modification a été dûment autorisée conformément aux articles 168 et 170 (selon le cas) de la Loi sur les sociétés par actions.*

- 6. The resolution authorizing the amendment was approved by the shareholders/directors (as applicable) of the corporation on *Les actionnaires ou les administrateurs (selon le cas) de la société ont approuvé la résolution autorisant la modification le*

2000, October, 24th

(Year, Month, Day)
(année, mois, jour)

These articles are signed in duplicate.

Les présents statuts sont signés en double exemplaire.

ALUSUISSE LONZA CANADA INC.

(Name of Corporation)
(Dénomination sociale de la société)

By: /Par:



(Signature)
(Signature)

(Description of Office)
(Fonction)

Marlon G. Greenhalgh -- Secretary