


05/29/2003
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Form PTO-1094 (Rev. 10/01) OMB No. 0551-0027 (exp. 5/31/2002)		RECORDATION FORM COVER SHEET TRADEMARKS ONLY		U.S. DEPARTMENT OF COMMERCE U.S. Patent and Trademark Office	
To the Honorable Commissioner of Patents and Trademarks: Please record the attached original documents or copy thereof.					
1. Name of conveying party(ies): Enesco Group, Inc. <input type="checkbox"/> Individual(s) <input type="checkbox"/> Association <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership <input checked="" type="checkbox"/> Corporation-State (Massachusetts) <input type="checkbox"/> Other _____		2. Name and address of receiving party(ies) Name: <u>Enesco Group, Inc.</u> Internal Address: _____ Street Address: <u>775 Windsor Drive</u> City: <u>Itasca</u> State: <u>IL</u> Zip: <u>60143</u> <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-State <u>Massachusetts</u> <input type="checkbox"/> Other _____ <small>If citizenship is not denoted in the United States, a country representative designation is attached: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Designations must be a separate document from this form.) Additional names & address(es) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</small>			
Additional name(s) of conveying party(ies) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		3. Nature of conveyance: <input type="checkbox"/> Assignment <input type="checkbox"/> Merger <input type="checkbox"/> Security Agreement <input type="checkbox"/> Change of Name <input checked="" type="checkbox"/> Other <u>Change of Address</u> Execution Date: <u>12/31/1999</u>			
4. Application number(s) or registration number(s): A. Trademark Application No.(s) <u>73/314,154</u>		B. Trademark Registration No.(s) <u>1,250,098</u> Additional number(s) attached <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
5. Name and address of party to whom correspondence concerning document should be mailed: Name: <u>Enesco Group, Inc.</u> Internal Address: <u>Attn: Ross Cabrera</u> Street Address: <u>225 Windsor Drive</u> City: <u>Itasca</u> State: <u>IL</u> Zip: <u>60143</u>		6. Total number of applications and registrations involved: 1			
		7. Total fee (37 CFR 3.41).....\$ <u>40.00</u> <input type="checkbox"/> Enclosed <input checked="" type="checkbox"/> Authorized to be charged to deposit account			
		8. Deposit account number: <u>502605</u> <small>(Attach duplicate copy of this page if paying by deposit account)</small>			
DO NOT USE THIS SPACE					
9. Statement and signature. <i>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.</i> <u>Jeffrey E. Michel</u>  <u>5/29/03</u> Name of Person Signing Signature Date					

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COVER

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Subject: Form PTO-1594
Recordation Form Cover Sheet for Stanley Home Products and design

Date: 5/29/03

Pages: 4

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From the desk of...

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