



12-24-2003

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U.S. Patent & TMOfc/TM Mail Rcpt Dt. #66

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UIVIB NO. U657-UUZ/ (exp. 6/30/2005)

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

1. Name of conveying party(ies):

Gascoigne Melotte B.V. 12/24/03

- Individual(s)
- General Partnership
- Corporation-State
- Other
- Association
- Limited Partnership
- The Netherlands

Additional name(s) of conveying party(ies) attached?  Yes  No

3. Nature of conveyance:

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

Execution Date: \_\_\_\_\_

2. Name and address of receiving party(ies)

Name: Gascoigne Melotte B.V.  
Internal  
Address: Kromme Spieringweg 289B, 2141 BS

Street Address: Vijfhuizen, The Netherlands

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

- Individual(s) citizenship \_\_\_\_\_
- Association \_\_\_\_\_
- General Partnership \_\_\_\_\_
- Limited Partnership \_\_\_\_\_
- Corporation-State The Netherlands
- 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

4. Application number(s) or registration number(s):

A. Trademark Application No.(s)

B. Trademark Registration No.(s)

1,776,249

Additional number(s) attached  Yes  No

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

Name: Jordan A. LaVine

Internal Address: AKIN GUMP STRAUSS HAUER

& FELD LLP

Street Address: 2005 Market St., 22nd Floor

One Commerce Square

City: Phila State: PA Zip: 19103

6. Total number of applications and registrations involved: \_\_\_\_\_

1

7. Total fee (37 CFR 3.41).....\$40

- Enclosed
- Authorized to be charged to deposit account

8. Deposit account number:

50-1017

(Attach duplicate copy of this page if paying by deposit account)

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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.*

JORDAN A LAVINE

Name of Person Signing

[Signature]  
Signature

12/18/03

Date

Total number of pages including cover sheet, attachments, and document: 1

Mail documents to be recorded with required cover sheet information to:  
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