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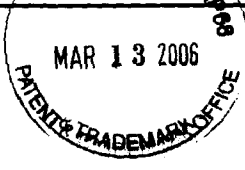
To the Director of the U. S. Patent and Trademark Office, Please record the attached documents or the new address(es) below.

**1. Name of conveying party(ies):**  
Aventis CropScience SA

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

Citizenship (see guidelines) FRANCE

Additional names of conveying parties attached?  Yes  No



**2. Name and address of receiving party(ies)**  Yes  No

Additional names, addresses, or citizenship attached?  Yes  No

Name: Bayer CropScience SA  
Internal  
Address: \_\_\_\_\_  
Street Address: 55 Avenue Rene Cassin  
City: Lyon  
State: \_\_\_\_\_  
Country: France Zip: 69009

Association      Citizenship \_\_\_\_\_  
 General Partnership      Citizenship \_\_\_\_\_  
 Limited Partnership      Citizenship \_\_\_\_\_  
 Corporation      Citizenship FRANCE  
 Other \_\_\_\_\_      Citizenship \_\_\_\_\_

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)

**3. Nature of conveyance / Execution Date(s) :**

Execution Date(s) June 11, 2002

Assignment       Merger  
 Security Agreement       Change of Name  
 Other \_\_\_\_\_

**4. Application number(s) or registration number(s) and identification or description of the Trademark.**

A. Trademark Application No. (s) \_\_\_\_\_  
B. Trademark Registration No. (s) 2,982,570

Additional sheet(s) attached?  Yes  No

C. Identification or Description of Trademark(s) (and Filing Date if Application or Registration Number is unknown):

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

Name: Donald L. Dennison  
Internal Address: Dennison, Schultz, Dougherty & Macdonald  
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Fax Number: (703)837-0980  
Email Address: ddennison@dennisonlaw.com

**6. Total number of applications and registrations involved:** 1

**7. Total fee (37 CFR 2.6(b)(6) & 3.41)** \$ 40

Authorized to be charged by credit card  
 Authorized to be charged to deposit account  
 Enclosed

**8. Payment Information:**

a. Credit Card      Last 4 Numbers 2017  
Expiration Date 06/07

b. Deposit Account      03/15/2006 WELLS FARGO 00000058 2982570  
Authorized User Name \_\_\_\_\_ 48.00 (P)

**9. Signature:** *Donald L. Dennison* Match 10, 2006  
Signature \_\_\_\_\_ Date \_\_\_\_\_  
Donald L. Dennison  
Name of Person Signing \_\_\_\_\_

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

Documents to be recorded (including cover sheet) should be faxed to (571) 273-0140, or mailed to: Mail Stop Assignment Recordation Services, Director of the USPTO, P.O. Box 1450, Alexandria, VA 22313-1450

**NO SUPPORTING  
DOCUMENTATION IS  
REQUIRED FOR TRADEMARK  
CHANGE OF NAMES.**