

12-13-2006

Form PTO-1594 (Rev. 07/05)  
OMB Collection 0651-0027 (exp. 6/30/20)



U.S. DEPARTMENT OF COMMERCE  
United States Patent and Trademark Office

103347723

2006 DEC 12 AM 11:16

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

FINANCE SECTION

12:12:06

1. Name of conveying party(ies):

GALLARD-SCHLESINGER INDUSTRIES, INC.

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

Citizenship (see guidelines) \_\_\_\_\_

Additional names of conveying parties attached?  Yes  No

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

Execution Date(s) December 1, 2006

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

2. Name and address of receiving party(ies)

Additional names, addresses, or citizenship attached?  Yes  No

Name: CTL SCIENTIFIC SUPPLY CORP.

Internal Address: \_\_\_\_\_

Street Address: 1016-3 Grand Blvd.

City: Deer Park

State: New York

Country: USA Zip: 11729

- Association
- General Partnership
- Limited Partnership
- Corporation
- 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)

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)

1,056,367

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: A. Thomas Kammer

Internal Address: \_\_\_\_\_

Street Address: 126 Hendrickson Ave.

City: Lynbrook

State: New York Zip: 11563-1219

Phone Number: 516-599-4393

Fax Number: \_\_\_\_\_

Email Address: akammer@optonline.net

6. Total number of applications and registrations involved:

1

7. Total fee (37 CFR 2.6(b)(6) & 3.41) \$ 40.00

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

8. Payment Information:

a. Credit Card Last 4 Numbers \_\_\_\_\_  
Expiration Date \_\_\_\_\_

b. Deposit Account Number \_\_\_\_\_

Authorized User Name \_\_\_\_\_

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40.00 DP

9. Signature: A. Thomas Kammer  
Signature

December 7, 2006  
Date

A. Thomas Kammer  
Name of Person Signing

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

12/13/2006 #J0141

01 FEB 05 21

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

