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To the Honorable Commissioner of Patents at

101046408

ed original documents or copy thereof.

1. Name of conveying party(ies):

Judd A. Lord

CPR/FINANCE

2. Name and address of receiving party(ies):

Name: Masco Corporation of Indiana

Internal Address:

Additional names(s) of conveying party(ies) Yes No

3. Nature of conveyance:

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

Street Address: 55 East 111th Street

City: Indianapolis State: IN ZIP: 46280

Execution Date: July 21, 1998

Additional name(s) & address(es) attached? Yes No

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

If this document is being filed together with a new application, the execution date of the application is: _____

A. Patent Application No.(s)

B. Patent No.(s)

29/091,190

Additional numbers attached? Yes No

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

Name: Myron B. Kapustij

Internal Address: Legal Department

Masco Corporation

Street Address: 21001 Van Born Road

City: Taylor State: MI ZIP: 48180

6. Total number of applications and patents involved: ONE

7. Total fee (37 CFR 3.41):.....\$ 40.00

- Enclosed - Any excess or insufficiency should be credited or debited to deposit account
- Authorized to be charged to deposit account

8. Deposit account number:

13-1981

05/24/1999 NTHA11 00000168 131981 29091190

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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.

Myron B. Kapustij, Reg. No. 26,748

5-3-99

Name of Person Signing

Signature

Date

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

3

