

11.19.99

PATENTS



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To the Honorable Commissioner of Patents and Trademarks, Please

thereof.

1. Name of conveying party(ies):

PAOLO PALMAS

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

Name: UOP LLC
Internal address:

Street Address: 25 EAST ALGONQUIN ROAD
P.O. BOX 5017

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

3. Nature of conveyance:

Assignment Merger
 Security Agreement Change of Name
 Other

City: DES PLAINES State: ILLINOIS Zip: 60017-5017

Execution Date: 3/11/99

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

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

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

A. Patent Application No.(s)

09/270,585

B. Patent No.(s)

Additional numbers attached? Yes No

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

Name: UOP LLC
Internal address: ATTN: THOMAS K. MCBRIDE

Street Address: 25 EAST ALGONQUIN ROAD
P.O. BOX 5017
City: DES PLAINES State: ILLINOIS Zip: 60017-5017

6. Total number of applications and patents involved: 1

7. Total fee (37 CFR 3.41) \$40.00
Enclosed
 Authorized to be charged to deposit account

8. Deposit account number: 21-0600

(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.

MICHAEL A. MOORE

Name of Person Signing

Signature

16 Nov. 99

Date

Total number of pages including cover sheet, attachments, and documents: 3

Mail documents to be recorded with required cover sheet information to:
Commissioner of Patents & Trademarks, Box Assignments
Washington, D.C. 20231

