

03-29-2000



CORDAL SHEET

101299731

Attorney Doc. #: WLCO 0138 PUS

*MMP  
2. 24.00*

1. Name(s) of conveying party(ies):

Jose Marcilio and Albert Siecke

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

Warner-Lambert Company  
201 Tabor Road  
Morris Plains, NJ 07950

jc511 U.S. PTO  
09/512502  
02/24/00

Additional name(s) & address(es) attached: \_\_\_ Yes X No

3. Nature of conveyance:

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

Execution Date: February 8, 2000, and January 31, 2000

4. Application number(s) or patent number(s): 09/512502

Application Serial No(s): \_\_\_\_\_ Patent No(s): \_\_\_\_\_

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

5. Total number of applications and patents involved: 1

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

John A. Artz  
ARTZ & ARTZ  
28333 Telegraph Road  
Suite 250  
Southfield, Michigan 48034

7. Total Fee Enclosed (37 CFR § 3.41): \$ 40.00

8. X The Commissioner is hereby authorized to charge any deficiency in the payment of the required fee or credit any overpayment to Deposit Account No. 50-0476

To the best of my knowledge and belief, the above information is true and correct and any attached copy is a true copy of the original document

John A. Artz  
Name of Person Signing

*[Signature]*  
Signature

2/24/00  
Date

03/29/2000 DCOATES 00000044 09512502  
01 FC:581  
40.00 DP

ASSIGNMENT

As a below-named inventor, I hereby declare that:

My post office address is as stated below under my signature and I am named as an inventor of the inventions or discoveries (herein INVENTIONS) as described in the patent application (herein APPLICATION) identified below. In view of valuable consideration, receipt thereof is hereby acknowledged, I do hereby assign and transfer unto WARNER-LAMBERT COMPANY, a corporation of the State of Delaware, having a place of business at MORRIS PLAINS, NEW JERSEY, its successors and assigns, my entire interest in and the full exclusive right to the INVENTIONS, the APPLICATION and all related applications (including provisionals, divisions, reissues, continuations, and extensions thereof) and all counterparts in other countries and any and all Letters Patent (and certificates of invention or similar certificates) (herein PATENTS) which may be granted based upon the INVENTIONS or the APPLICATION or related applications or counterparts in other countries; said transfer and assignment being applicable throughout the world. I hereby authorize and request officials of patent offices in any and all countries of the world to issue any and all of the PATENTS, when granted, to WARNER-LAMBERT COMPANY, its successors and assigns, as the assignee of my entire right, title and interest in and to the same. I agree that I will communicate to WARNER-LAMBERT COMPANY, or its representatives, any facts known to me respecting the invention; testify in any legal proceedings; sign all lawful papers; execute all provisional, divisional, continuation, substitution, renewal and reissue applications; execute all necessary assignment papers to cause any and all of the PATENTS to be issued to WARNER-LAMBERT COMPANY; make all rightful oaths; and generally do everything possible to aid WARNER-LAMBERT COMPANY, its successors and assigns, to obtain and enforce proper protection for the INVENTION in any and all countries throughout the world. The APPLICATION is identified herein.

Serial No. (if known) :  
Filing Date (if known) :  
Execution Date(s) of Application :

Title: SYSTEM FOR CONTINUOUSLY FORMING CENTER-FILLED GUM

FULL NAME OF INVENTOR :Albert Siecke  
Inventor's signature :\_\_\_\_\_ Date: \_\_\_\_\_  
Residence :1301 Warwick Lane, Lanoka Harbor, NJ 08734  
Citizenship :United States of America  
Post Office Address :Same

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

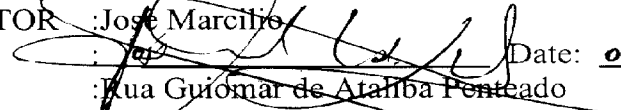
On \_\_\_\_\_, the above-named inventor personally appeared before me and executed the foregoing instrument and acknowledged the same to be their free acts and deeds in and for the purpose set forth in said instrument.

(SEAL)

10 08 FEB 2000

Notary Public

My Commission Expires:

FULL NAME OF INVENTOR : José Marcílio  
 Inventor's signature :  Date: 08/02/2000  
 Residence : Rua Guiomar de Ataliba Pontecado  
 : 179, Jardim Brasília  
 : São Paulo, Brasil CEP 03582.090  
 Citizenship : Brazilian  
 Post Office Address : Same

STATE OF São Paulo

COUNTY OF São Paulo

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(SEAL)

Notary Public

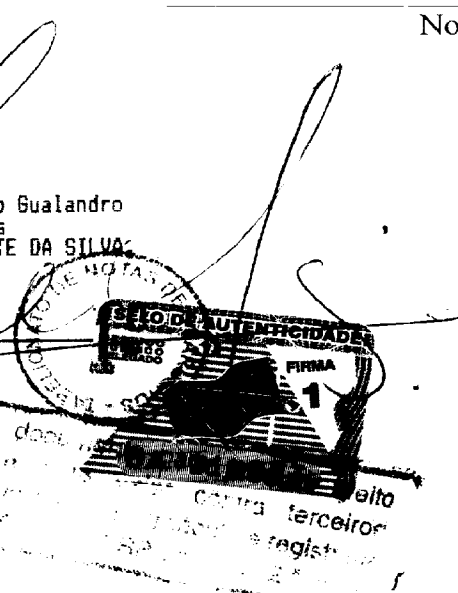
My Commission Expires:

Cartório do 1º Tabelião de Notas de Guarulhos - Tabelionato Gualandro  
 Av. Salgado Filho, 450 - Jardim Maia - Guarulhos  
 Reconheço por semelhança a firma de: JOSE MARCELIO LEITE DA SILVA  
 Dou fé.

Guarulhos, 08 de fevereiro de 2000.  
 Em testemunho \_\_\_\_\_ da verdade.

LUZILENE FELIPE ANTONIO - Escrevente Autorizada  
 Válida somente com selo de autenticidade.

:Firma 1,49: 1 : 2014257814433400001967



FORM0068.DOC

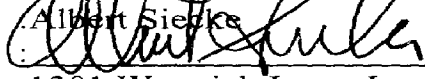
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Serial No. (if known) :  
Filing Date (if known) :  
Execution Date(s) of Application :

Title: SYSTEM FOR CONTINUOUSLY FORMING CENTER-FILLED GUM

FULL NAME OF INVENTOR : Albert Siedke  
Inventor's signature :  Date: 1/31/00  
Residence : 1301 Warwick Lane, Lanoka Harbor, NJ 08734  
Citizenship : United States of America  
Post Office Address : Same

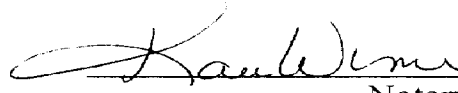
STATE OF New Jersey

COUNTY OF Ocean

On 1 31 00, the above-named inventor personally appeared before me and executed the foregoing instrument and acknowledged the same to be their free acts and deeds in and for the purpose set forth in said instrument.

(SEAL)

**KARIN WINNIE**  
Notary Public State of New Jersey  
My Commission Expires July 30, 2004

  
\_\_\_\_\_  
Notary Public

My Commission Expires:

FULL NAME OF INVENTOR	: José Marcilio	Date: _____
Inventor's signature	:	_____
Residence	: Rua Guiomar de Ataliba Penteadó	
	: 179, Jardim Brasília	
	: São Paulo, Brasil CEP 03582.090	
Citizenship	: Brazilian	
Post Office Address	: Same	

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

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(SEAL)

\_\_\_\_\_  
Notary Public

My Commission Expires: