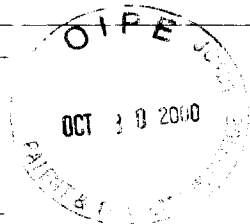


D \$

FORM PTO-1619A
Expires 06/30/99
OMB 0651-0027



12-01-2000

Commerce
Patent Office



101534194

10/30/00

RECORDATION FORM COVER SHEET PATENTS ONLY

TO: The Commissioner of Patents and Trademarks: Please record the attached original document(s) or copy(ies).

Submission Type

- New
- Resubmission (Non-Recordation)
Document ID#
- Correction of PTO Error
Reel # Frame #
- Corrective Document
Reel # Frame #

Conveyance Type

- Assignment Security Agreement
 - License Change of Name
 - Merger Other
- U.S. Government**
(For Use ONLY by U.S. Government Agencies)
- Departmental File Secret File

Conveying Party(ies)

- Mark if additional names of conveying parties attached
- Name (line 1) Execution Date Month Day Year
- Name (line 2)

Second Party

- Name (line 1)
- Name (line 2)
- Execution Date Month Day Year

Receiving Party

- Mark if additional names of receiving parties attached
- Name (line 1) if document to be recorded is an assignment and the receiving party is not domiciled in the United States, an appointment of a domestic representative is attached. (Designation must be a separate document from Assignment.)
- Name (line 2)
- Address (line 1)
- Address (line 2)
- Address (line 3) City State/Country Zip Code

Domestic Representative Name and Address

Enter for the first Receiving Party only

- Name
- Address (line 1)
- Address (line 2)
- Address (line 3)
- Address (line 4)

FOR OFFICE USE ONLY

Public burden reporting for this collection of information is estimated to average approximately 30 minutes per Cover Sheet to be recorded, including time for reviewing the document and gathering the data needed to complete the Cover Sheet. Send comments regarding this burden estimate to the U.S. Patent and Trademark Office, Chief Information Officer, Washington, D.C. 20231 and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Paperwork Reduction Project (0651-0027), Washington, D.C. 20503. See OMB Information Collection Budget Package 0651-0027, Patent and Trademark Assignment Practice. DO NOT SEND REQUESTS TO RECORD ASSIGNMENT DOCUMENTS TO THIS ADDRESS.

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

Correspondent Name and Address

Area Code and Telephone Number 321 952 1247

Name William H. Benson

Address (line 1) 1230 Jenkin Ave, NE

Address (line 2) Palm Bay FL 32907-1255

Address (line 3)

Address (line 4)

Pages Enter the total number of pages of the attached conveyance document including any attachments. # 3

Application Number(s) or Patent Number(s) Mark if additional numbers attached

Enter either the Patent Application Number or the Patent Number (DO NOT ENTER BOTH numbers for the same property).

Patent Application Number(s)

Patent Number(s)

5156120

If this document is being filed together with a new Patent Application, enter the date the patent application was signed by the first named executing inventor. Month Day Year

Patent Cooperation Treaty (PCT)

Enter PCT application number only if a U.S. Application Number has not been assigned.

PCT PCT PCT
PCT PCT PCT

Number of Properties Enter the total number of properties involved. # 1

Fee Amount Fee Amount for Properties Listed (37 CFR 3.41): \$ 40.00

Method of Payment: Enclosed Deposit Account

Deposit Account (Enter for payment by deposit account or if additional fees can be charged to the account.)

Deposit Account Number: #

Authorization to charge additional fees: Yes No

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. Charges to deposit account are authorized, as indicated herein.

William H. Benson
Name of Person Signing

William H. Benson
Signature

10/25/00
Date



**WILLIAM H. BENSON
1230 JENKIN AVE., N.E.
PALM BAY, FL 32907-1255
321/952-1247**

U.S. Patent Office
Washington, DC 20231

Request for change of address of assignee. Patent # 5156120. October 25, 2000

Please change my address from 488 Lamon Lane, Pt. St. Lucie, FL to:

1230 Jenkin Ave., N.E.
Palm Bay, FL 32907-1255

Phone # 321/ 952-1247

Check for \$40.00 is enclosed

Thank you,

A handwritten signature in cursive script that reads "William H. Benson".

William H. Benson