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To the Assistant Commissioner for Patents. Please record the attached original documents or copy thereof.

<p>1. Name of conveying parties: <b>ROBERT WARD JAMES</b> <b>ARTHUR HOWARD WALDIE</b> Additional names of conveying party(ies) attached? <input type="checkbox"/> yes <input checked="" type="checkbox"/> no</p> <p>3. Nature of Conveyance <input checked="" type="checkbox"/> Assignment <input type="checkbox"/> Merger <input type="checkbox"/> Security Agreement <input type="checkbox"/> Change of Name <input type="checkbox"/> Other</p> <p>Execution Date:</p>	<p>2. Name and address of receiving party: Name: <u>The B. F. Goodrich Company</u> Internal Address: A New York Corporation 4 Coliseum Centre 2730 West Tyvola Road Charlotte, N.C. 28217 Additional name(s) &amp; address(es) attached? <input type="checkbox"/> yes <input checked="" type="checkbox"/> no</p> <p>09829141</p>
<p>4. Application number(s) or patent number(s): Title: MEMORY MANAGEMENT UNIT WITH PROGRAMMABLE EDAC DESCRIPTORS</p> <p>A. Patent Application No(s). <b>Unknown</b>      B. Patent No(s). <b>Unknown</b></p> <p>Additional numbers attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	
<p>5. Name and address of party to whom correspondence concerning document should be mailed: Calfee, Halter &amp; Griswold LLP 1400 McDonald Investment Center Cleveland, Ohio 44114-2688 <b>William E. Zitelli (Reg. No. 28,551)</b> <b>216-622-8229</b></p> <p>"EXPRESS MAIL" Mailing No. EL085013064US I hereby certify that this paper or fee is being deposited with the US Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on this date indicated below on this, the <u>9</u> day of April, 2001. Date <u>4/9/01</u> (Name of Person Mailing paper) <u>William E. Zitelli</u></p>	<p>6. Total number of applications and patents involved: <u>1</u></p> <p>7. Total fee (37 CFR 3.41): <u>\$ 40.00</u> <input type="checkbox"/> Enclosed <input checked="" type="checkbox"/> Authorized to be charged to deposit account <input checked="" type="checkbox"/> Total fee due <input checked="" type="checkbox"/> Any deficiencies in the enclosed fees</p> <p>8. Deposit account number: <u>07-1625</u> (Attach duplicate copy of this page if paying by deposit account)</p>
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<p>9. Statement and signature <b>To the best of my knowledge and belief, the foregoing information is true and correct and attached hereto is the original document.</b></p> <p><u>William E. Zitelli</u>      <u>William E. Zitelli</u>      <u>4-9-01</u> Name of Person Signing      Signature      Date Reg. No.: 28,551 Tel. No.: (216) 622-8229</p> <p style="text-align: right;">Total number of pages comprising transmittal: 1</p>	

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