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1 Name of conveying party(ies):

Toshifumi MIHASHI (04/22/03)
 Yoko HIROHARA (04/22/03)
 Naoyuki MAEDA (04/23/03)



Additional conveying party(ies) NO

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

KABUSHIKI KAISHA TOPCON
 75-1, Hasunuma-cho
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3 Nature of conveyance:
ASSIGNMENT

Execution Date:
See dates above

Additional name(s) & address(es) attached? NO

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

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

A. Patent Application Number(s):
 10/399,612

B. Patent Number(s):

Additional numbers attached? NO

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

Richard L. Schwaab
 FOLEY & LARDNER
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 3000 K Street, N.W., Suite 500
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6. Total number of applications/patents involved: 1

7. Total fee (37 C.F.R. § 3.41): \$40.00

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ASSIGNMENT

For good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, each undersigned inventor has sold and assigned, and by these presents hereby sells and assigns, unto

name and **KABUSHIKI KAISHA TOPCON**
address of **75-1, Hasunuma-cho, Itabashi-ku**
assignee **Tokyo 174-0052 Japan**

(hereinafter ASSIGNEE) all right, title and interest for the United States, its territories and possessions in and to this invention relating to

title of **OPTICAL CHARACTERISTICS MEASURING DEVICE**
invention

as set forth in this United States Patent Application

check one executed concurrently herewith
 executed on _____
 Serial No. **PCT/JP01/09084** Filed **October 16, 2001**

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Each of the undersigned hereby grants the firm of **FOLEY & LARDNER** the power to insert in this Assignment any further identification which may be necessary or desirable to comply with the rules of the U.S. Patent and Trademark Office for recordation of this Assignment.

NAMES AND SIGNATURES OF INVENTORS		
Name: Toshifumi MIHASHI	Signature: <i>T. Mihashi</i>	Date: 22/04/03
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Name: Naoyuki MAEDA	Signature: <i>Naoyuki Maeda</i>	Date: 23/04/03
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NAMES AND SIGNATURES OF WITNESSES		
Name:	Signature:	Date:
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