



08-26-2003

U.S. DEPARTMENT OF COMMERCE
PATENT AND TRADEMARK OFFICE



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102533999

ur Docket No.: 14327NP

To the Honorable Commissioner of Patents and Trademarks:
Please record the attached original documents or copy thereof.

<p>1. Name of conveying party(ies): McMASTER UNIVERSITY Hamilton, Ontario L8S 4L7 Canada <i>8.21-03</i></p> <p>Additional name(s) of conveying party(ies) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>		<p>2. Name and address of receiving party(ies) Name: GUARD INC. Suite 215 Research Park Centre 150 Research Lane Guelph, Ontario N1G 4T2 Canada</p> <p>Additional name(s) & address(es) 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: <u>February 15, 2001</u></p>			
<p>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: _____</p> <p>Title: <u>CAPACITIVELY SWITCHED MATRIXED EL DISPLAY</u></p> <p>A. Patent Application No.(s) <u>10415,994</u> <i>10415994</i> B. Patent No.(s) _____</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: Name: <u>Ralph A. Dowell</u> Internal Address: _____ Street Address: <u>Suite 309, 1215 Jefferson Davis Highway Arlington, VA 22202-3124 (703) 415-2555</u></p>		<p>6. Total number of applications and patents involved: <u>1</u></p> <p>7. Total fee (37CFR 3.41).....\$ <u>40.00</u> <input checked="" type="checkbox"/> Enclosed <input type="checkbox"/> Authorized to be charged to deposit account</p> <p>8. Deposit account number: _____ (Attach duplicate copy of this page if paying by deposit account)</p>	
DO NOT USE THIS SPACE			
<p>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.</p> <p><u>Ralph A. Dowell 26,868</u> Name of Person signing</p> <p><i>[Signature]</i> Signature</p> <p><u>August 21, 2003</u> Date</p> <p>Total number of pages including cover sheet, attachments and document: <u>3</u></p>			

08/25/2003 EDC:PER 00000103 10415994

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

This assignment shall have effect from February 15, 2001.

McMASTER UNIVERSITY

GUARD INC.

21-157
Name: Marcel D. Mongeon, Director & Legal Counsel
Title: Office of Research Contracts & Intellectual Property

William Tait
Name: WILLIAM TAIT
Title: Vice President,
GUARD INC.

DECLARATION OF WITNESS

I, ELIZABETH LAFRANCE, whose full post office address is

148 TERRACE DR HAM ONT. L9A 2Z1

hereby declare that I was personally present and did see MARCEL MONGEON
who is personally known to me duly sign and execute the assignment on behalf of
McMASTER UNIVERSITY.

DECLARED at Hamilton, this 8th day of Feb., 2001.

Elizabeth Lafrance
(Signature of Witness)

DECLARATION OF WITNESS

I, Paul Herricks, whose full post office address is

31 HERRICKS CR. WATERLOO, ONTARIO L0R 2H6

hereby declare that I was personally present and did see William Tait
who is personally known to me duly sign and execute the assignment on behalf of
GUARD INC.

DECLARED at Guelph, this 15th day of February, 2001.

Paul Herricks
(Signature of Witness)