

PATENT ASSIGNMENT

Electronic Version v1.1

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SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	CHANGE OF NAME
CONVEYING PARTY DATA	
Name	Execution Date
Dorst Maschinen und Anlagenbau Otto Dorst und Dipl.-Ing. Walter Schlegel GmbH & Co.	05/25/2004
RECEIVING PARTY DATA	
Name:	Dorst Technologies GmbH & Co. KG.
Street Address:	Mittenwalder Str. 61
City:	82431 Kochel
State/Country:	GERMANY
PROPERTY NUMBERS Total: 1	
Property Type	Number
Patent Number:	5874114
CORRESPONDENCE DATA	
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Total Attachments: 1 source=cover sheet#page1.tif	

CH \$40.00 5874114

RECORDATION FORM COVER SHEET PATENTS ONLY

To the Director of the U.S. Patent and Trademark Office: Please record the attached documents or the new address(es) below.

1. Name of conveying party(ies)/Execution Date(s):

Dorst Maschinen und Anlagenbau Otto Dorst und Dipl.-Ing. Walter Schlegel GmbH & Co.

Execution Date(s) 5/25/2004

Additional name(s) of conveying party(ies) attached? ☐ Yes ☒ No

3. Nature of conveyance:

- ☐ Assignment ☐ Merger
☐ Security Agreement ☒ Change of Name
☐ Government Interest Assignment
☐ Executive Order 9424, Confirmatory License
☐ Other _____

2. Name and address of receiving party(ies)

Name: Dorst Technologies GmbH & Co. KG.

Internal Address: Mittenwalder Str. 61

Street Address: _____

City: 82431 Kochel

State: _____

Country: Germany

Zip: _____

Additional name(s) & address(es) attached? ☐ Yes ☒ No

4. Application or patent number(s):

☐ This document is being filed together with a new application.

A. Patent Application No.(s)

B. Patent No.(s)

5,874,114

Additional numbers attached? ☐ Yes ☒ No

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

Name: Remy J. VanOphem

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Email Address: vanpat@ameritech.net

6. Total number of applications and patents involved:

1

7. Total fee (37 CFR 1.21(h) & 3.41) \$

- ☐ Authorized to be charged by credit card
☐ Authorized to be charged to deposit account
☐ Enclosed
☐ None required (government interest not affecting title)

8. Payment Information

a. Credit Card Last 4 Numbers _____
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Authorized User Name _____

9. Signature:

Signature

Date

Name of Person Signing

Total number of pages including cover sheet, attachments, and documents:

Documents to be recorded (including cover sheet) should be faxed to (703) 306-5995, or mailed to:
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RECORDED: 09/14/2004

REEL: 015116 FRAME: 0682