

101700 DTOT/PTO 10 JUL 2004 #4

RECORDATION FORM COVER SHEET

10/481517

Our Ref.: 687-127

08-05-2004

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Commissioner of Patents
P.O. Box 1450
Alexandria, VA 22313-1450



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

<p>1. Name of conveying party(ies): Philip J. Brown</p> <p style="text-align: center;">7-15-04</p> <p>Additional name/s of conveying party/ies attached? <input type="checkbox"/></p> <p>3. Nature of conveyance: <input checked="" type="checkbox"/> Assignment <input type="checkbox"/> Merger <input type="checkbox"/> Security Assignment <input type="checkbox"/> Change of Name <input type="checkbox"/> Other</p> <p>Execution Date: <u>May 26, 2004</u></p>	<p>2. Name and address of receiving party(ies):</p> <p>Name: <u>Victrex Manufacturing Limited</u> Internal Address: _____ Street Address: <u>Victrex Technology Centre, Hillhouse International</u> _____</p> <p>City: <u>Tornton Cleveleys, Lancashire</u> State/Country: <u>United Kingdom</u> Zip: <u>FY5 4QD</u></p> <p>Additional name/s & address/es attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
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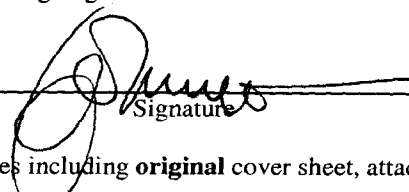
4. Application number(s) or patent number(s):
If this document is being filed together with a new application, the execution date of the application is: _____

<p>A. Patent Application No(s). (1) <u>10/481,517</u> (2) _____ (3) _____</p>	<p>B. Patent No(s). (1) _____ (2) _____ (3) _____</p> <p>Additional numbers attached <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
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<p>5. Name and address of party to whom correspondence concerning document should be mailed:</p> <p>Name: <u>Leonard C. Mitchard</u></p> <p>Internal Address: _____</p> <p>Street Address: <u>Nixon & Vanderhye P.C.</u> <u>1100 North Glebe Road</u> <u>8th Floor</u></p> <p>City: <u>Arlington</u> State: <u>VA</u> Zip: <u>22201</u></p>	<p>6. Total number of applications & patents involved: <u>1</u></p> <p>7. Total fee (37 CFR 3.41) \$ <u>40.00</u> <input checked="" type="checkbox"/> Enclosed <input type="checkbox"/> Authorized to be charged to deposit account #14-1140</p> <p>8. The Commissioner is hereby authorized to charge any <u>deficiency</u> in the fee(s) filed, or asserted to be filed, or which should have been filed herewith (or with any paper thereafter filed in this application by this firm) to our Account No. 14-1140.</p>
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9. Statements 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><u>Leonard C. Mitchard</u> Name of Person Signing Reg. No. 29,009</p>	 Signature	<p><u>July 15, 2004</u> Date</p>
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Total number of pages including **original** cover sheet, attachments, and document: [2]

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