

07-28-2005

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<b>1. Name of conveying party(ies):</b> Yutaka Yano  Additional name(s) of conveying party(ies) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>2. Name and address of receiving party(ies)</b> Name: <u>NEC Corporation</u> Internal Address: _____ Street Address: <u>NEC Corporation</u> <u>7-1, Shiba 5-chome,</u> <u>Minato-ku,</u> <u>Tokyo 108-8001</u> <u>Japan</u> City: _____ State: _____ Country: _____ Zip: _____ Additional name(s) & address(es) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>3. Nature of conveyance/Execution Date(s):</b> Execution Date(s): <u>July 12, 2005</u> <input checked="" type="checkbox"/> Assignment <input type="checkbox"/> Merger <input type="checkbox"/> Change of Name <input type="checkbox"/> Security Agreement <input type="checkbox"/> Joint Research Agreement <input type="checkbox"/> Government Interest Assignment <input type="checkbox"/> Executive Order 9424, Confirmatory License <input type="checkbox"/> Other _____		113006 U.S. PTO 11/185901 072105	
<b>4. Application or patent number(s):</b> <input checked="" type="checkbox"/> This document is being filed together with a new application. A. Patent Application No.(s) <u>This application</u> B. Patent No.(s) _____ Additional numbers attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>5. Name and address to whom correspondence concerning document should be mailed:</b> Name: <u>Michael J. Scheer</u> <u>DICKSTEIN SHAPIRO MORIN &amp; OSHINSKY</u> <u>LLP</u> Internal Address: <u>Atty. Dkt.: W1878.0218</u> Street Address: <u>1177 Avenue of the Americas</u> <u>41st Floor</u>  City: <u>New York</u> State: <u>NY</u> Zip: <u>10036-2714</u> Phone Number: <u>(212) 896-5472</u> Fax Number: <u>(212) 997-9880</u> Email Address: <u>ScheerM@DSMO.com</u>		<b>6. Total number of applications and patents involved:</b> <span style="border: 1px solid black; padding: 2px;">1</span>	
		<b>7. Total fee (37 CFR 1.21(h) &amp; 3.41)</b> \$ <u>40.00</u> <input checked="" type="checkbox"/> Authorized to be charged by credit card <input type="checkbox"/> Authorized to be charged to deposit account <input type="checkbox"/> Enclosed <input type="checkbox"/> None required (government interest not affecting title)	
		<b>8. Payment Information</b> a. Credit Card Last 4 Numbers <u>1002</u> Expiration Date <u>02/28/06</u> b. Deposit Account Number _____ Authorized User Name _____	
<b>9. Signature:</b> <u></u> <span style="float: right;">July 21, 2005</span> Signature Date <u>Michael J. Scheer - 34,425</u> Name of Person Signing			
			Total number of pages including cover sheet, attachments, and documents: <span style="border: 1px solid black; padding: 2px;">2</span>

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