

Form PTO-1595 (Rev. 09/04)
 OMB No. 0651-0027 (exp. 6/30/2005)

U.S. DEPARTMENT OF COMMERCE
 United States Patent and Trademark Office

**RECORDATION FORM COVER SHEET
 PATENTS ONLY**

ATTY DOCKET NO. GKNG 1284 PCT

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):

ADRIAN CHLUDEK (MAY 11, 2006); HORST GÖRLICH (MAY 15, 2006)

Execution Date(s) May 11, 2006; May 15, 2006

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: GKN DRIVELINE INTERNATIONAL GmbH

Internal Address: _____

Street Address: HAUPTSTRASSE 130

City: LOHMAR

State: _____

Country: GERMANY (DE) Zip: D-53797

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)

10/576,406

Additional numbers attached? Yes No

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

Name: ROBERT P. RENKE

Internal Address: _____

Street Address: ARTZ & ARTZ, P.C.

28333 TELEGRAPH ROAD, SUITE 250

City: SOUTHFIELD

State: MI

Zip: 48034

Phone Number: 248-223-9500

Fax Number: 248-223-9522

Email Address: _____

6. Total number of applications and patents involved:

1

7. Total fee (37 CFR 1.21(h) & 3.41) \$ 40.00

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

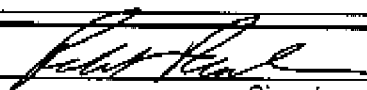
8. Payment Information

a. Credit Card Last 4 Numbers _____
 Expiration Date _____

b. Deposit Account Number 50-0476

Authorized User Name ROBERT P. RENKE

9. Signature:



Signature

JANUARY 19, 2007

Date

ROBERT P. RENKE

Name of Person Signing

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

4

Documents to be recorded (including cover sheet) should be faxed to (703) 306-5995, or mailed to:
 Mail Stop Assignment Recordation Services, Director of the USPTO, P.O. Box 1450, Alexandria, V.A. 22313-1450

ASSIGNMENT

WHEREAS, We, **Adrian Chludek of St. Augustin, Germany** and **Horst Görlich of Steimel, Germany** (hereinafter referred to as Assignor), have invented new and useful improvements in:

DIFFERENTIAL CROSS MEMBER FOR A DIFFERENTIAL DRIVE

which is set forth in an application in the United States executed on this date herewith.

AND WHEREAS, **GKN Driveline International GmbH** (hereinafter referred to as Assignee), of **Hauptstrasse 130, D-53797 Lohmar, Germany** is desirous of acquiring the entire right, title and interest in and to said invention and said Letters Patent of the United States, and in and to any Letters Patent or Patents, United States or foreign, to be obtained therefor and thereon:

NOW, THEREFORE, be it known by all whom it may concern, that for and in consideration of One Dollar (\$1.00) and other good and valuable consideration, the receipt of which is hereby acknowledged, the Assignors have assigned, sold and set over, and by these presents assigns, sells and sets over unto the Assignee, its successors, legal representatives and assigns, for the territory of the United States of America and all foreign countries, the entire right, title and interest in and to said invention, said application for Letters Patent, including the right to file foreign patent applications corresponding to said application, and the right to claim the priority date of said United States patent application and any legal equivalents thereof, and any and all Letters Patent or Patents in the United States of America and all foreign countries which may be granted therefor and thereon, and to any and all divisions, continuations, and continuations-in-part of said application, or re-issues or extensions of said Letters Patent or Patents prepared and executed by Assignors on this date herewith, the same to be held and enjoyed by the Assignee, as fully and entirely as the same would have been held by the Assignors had this Assignment and sale not been made.

AND the Assignors hereby covenant and agree that the Assignors will at any time upon the request and at the expense of the Assignee execute and deliver any and all papers and do all lawful acts that may be necessary or desirable to perfect the title to said invention and to obtain Letters Patent therefor, and the Assignors hereby authorize and request the Commissioner of Patents to issue said Letters Patent to the said Assignee in accordance with this Agreement.

IN TESTIMONY WHEREOF, I hereunto set my hand and affix my seal at
Lohmar, in the Country of Germany, this 11 day of
May, 2006.



ADRIAN CHLUDEK

IN TESTIMONY WHEREOF, I hereunto set my hand and affix my seal at
Lohmar, in the Country of Germany, this X 15 day of
May, 2006.



HORST GÖRLICH

Please address all correspondence and telephone calls and, upon recordation, please return this document to:

**Robert P. Renke
ARTZ & ARTZ, P.C.
28333 Telegraph Road, Suite 250
Southfield, Michigan 48034 USA
(248) 223-9500**

PTO/SB/21 (09-04)

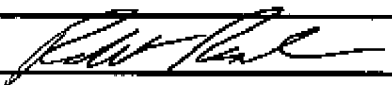
Approved for use through 07/31/2006. OMB 0651-0031

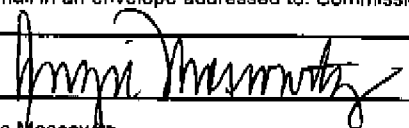
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/576,406
	Filing Date	April 20, 2006
	First Named Inventor	Adrian Chludek, et al.
	Art Unit	
	Examiner Name	
Total Number of Pages In This Submission	7	Attorney Docket Number GKNG 1284 PCT

ENCLOSURES <i>(Check all that apply)</i>		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Recordation Form Cover Sheet; Signed Assignment
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Artz & Artz, P.C.		
Signature			
Printed name	Robert P. Renke		
Date	January 19, 2007	Reg. No.	40,783

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:			
Signature			
Typed or printed name	Angie Moscovitz	Date	January 19, 2007

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

PTO/SB/17 (01-06)

Approved for use through 07/31/2006. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). <h1 style="margin: 0;">FEE TRANSMITTAL</h1> <h2 style="margin: 0;">For FY 2006</h2>		Complete if Known		
		Application Number	10/576,406	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Filing Date	April 20, 2006	
		First Named Inventor	Adrian Chludek, et al.	
		Examiner Name		
		Art Unit		
TOTAL AMOUNT OF PAYMENT	(\$)	40.00	Attorney Docket No.	GKNG 1284 PCT

METHOD OF PAYMENT (check all that apply)

Check
 Credit Card
 Money Order
 None
 Other (please identify): _____

Deposit Account
 Deposit Account Number: 50-0476
 Deposit Account Name: John A. Artz, P.C.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below
 Charge fee(s) indicated below, **except for the filing fee**

Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17
 Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims _____ - 20 or HP = _____ x _____ = _____ **Fee Paid (\$)** _____
 HP = highest number of total claims paid for, if greater than 20.

Indep. Claims _____ - 3 or HP = _____ x _____ = _____ **Fee Paid (\$)** _____
 HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____	_____	_____	_____	_____

_____ - 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____

4. OTHER FEE(S)

Description	Fee (\$)	Fees Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)		_____
Other (e.g., late filing surcharge): <u>Assignment Recordal Fee</u>		\$40.00

SUBMITTED BY

Signature		Registration No. (Attorney/Agent) 40,783	Telephone 248-223-9500
Name (Print/Type)	Robert P. Renke		Date January 19, 2007

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2. **PATENT**

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 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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		Examiner Name		
		Art Unit		
TOTAL AMOUNT OF PAYMENT	(\$)	40.00	Attorney Docket No.	GKNG 1284 PCT

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 Other (please identify): _____

Deposit Account
 Deposit Account Number: 50-0476
 Deposit Account Name: John A. Artz, P.C.

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Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17
 Credit any overpayments

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FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

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Fee Description	Fee (\$)	Small Entity Fee (\$)
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Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims **Extra Claims** **Fee (\$)** **Fee Paid (\$)** **Multiple Dependent Claims**
 _____ - 20 or HP = _____ x _____ = _____
 HP = highest number of total claims paid for, if greater than 20.

Indep. Claims **Extra Claims** **Fee (\$)** **Fee Paid (\$)**
 _____ - 3 or HP = _____ x _____ = _____
 HP = highest number of independent claims paid for, if greater than 3.

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Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____	_____	_____ / 50 = _____ (round up to a whole number)	_____ x _____ = _____	_____

4. OTHER FEE(S)

Description	Fee (\$)	Fees Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)	_____	_____
Other (e.g., late filing surcharge): <u>Assignment Recordal Fee</u>	_____	_____
		\$40.00

SUBMITTED BY

Signature		Registration No. (Attorney/Agent) 40,783	Telephone 248-223-9500
Name (Print/Type)	Robert P. Renke		Date January 19, 2007

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