## PATENT ASSIGNMENT

## Electronic Version v1.1 Stylesheet Version v1.1

SUBMISSION TYPE:	CORRECTIVE ASSIGNMENT	
NATURE OF CONVEYANCE:	Corrective Assignment to correct the address of the Assignee. previously recorded on Reel 017748 Frame 0028. Assignor(s) hereby confirms the address on the recordation form is incorrect.	

## **CONVEYING PARTY DATA**

	Name	Execution Date
Giovanni Nicolosi		01/16/2006

#### **RECEIVING PARTY DATA**

Name:	PELLINI S.P.A.
Street Address:	Via Fusari 19
City:	Codogno (Lodi)
State/Country:	ITALY
Postal Code:	20073

#### PROPERTY NUMBERS Total: 1

Property Type	Number
Application Number:	10573631

## CORRESPONDENCE DATA

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ATTORNEY DOCKET NUMBER:	3652
NAME OF SUBMITTER:	Michael J. Striker

Total Attachments: 4

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5/28/5 ALD 08	Docket No.: 3652
FORM PTO: 1595 (Modified) (Rev. 03-01) OMB No. 0651-0027 (exp.5/31/2002) PD08A/REV03  04 - 0	7 - 2006 U.S. DEPARTMENT OF COMMERCE Patent and Trademark Office
Tab settings → → ▼	MINIMINIA REC'ESTE DES MAR 2006
To the Director of the United States Patent	213918 attached original documents or copy thereof.
1. Name of conveying party(ies): Giovanni NICOLOSI	Name and address of receiving party(ies):
	Name: PELLINI S.P.A.
	Address: VIA FUSARI 19
Additional names(s) of conveying party(ies)	CHUO-KU
3. Nature of conveyance:	(0/6 45 65/
☐ Assignment ☐ Merger	
☐ Security Agreement ☐ Change of Name	City: Codogno (lodi) State/Prov.:
□ Other	Country: ITALY ZIP: 20073
Execution Date: 01/16/2006	- Additional name(s) & address(es) □ Yes ☑ No
If this document is being filed together with a new application  Patent Application No. Filing date	B. Patent No.(s)
มางนักแบบ มหากัดและ ของของขับนัก เสียงก่อ เบื่อก็ปรัฐว	yes ⊠ No
5. Name and address of party to whom correspondence concerning document should be mailed:	6. Total number of applications and patents involved:
Name: MICHAEL J. STRIKER	7. Total fee (37 CFR 3.41):\$ 40.00
Registration No. 27233 Address: 103 EAST NECK ROAD	☐ Enclosed - Any excess or insufficiency should be credited or debited to deposit account
	Authorized to be charged to deposit account
	8. Deposit account number:
City: HUNTINGTON State/Prov.: NY	194675
Country: USA ZIP: 11743	(Attach duplicate copy of this page if paying by deposit account)
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<ol> <li>Statement and signature.</li> <li>To the best of my knowledge and belief, the foregoing inform of the original document.</li> </ol>	mation is true and correct and any attached copy is a true copy
MICHAEL J. STRIKER	03/28/2006
Name of Person Signing	Signature Date

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

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Director of the United States Patent and Trademark Office
P.O. Box 1450, Alexandria, VA 22313-1450

# Attorney Docket No.:

## **ASSIGNMENT**

In consideration of value received, I, having a residence and post office address as stated below next to my mane, the sole inventor (if only one name is listed below), or a joint inventor (if plural inventors are listed below), of an invention described in an application for a United States Patent OPERATING A PLAIN BLIND WITHIN A CHAMBER ENCLOSED BY PANES OF GLASS" representing entry into the National Phase of PCT/IT 03/000715

Executed by me on the date indicated next to my name and address:

Sell and assign to PELLINI S.P.A.

having business at VIA FUSARI,19

20073 CODOGNO (LODI) - ITALY

its successors, assigns of nominees, hereinafter referred to as "Assignee", my entire right, title and interest in and to said invention as disclosed, shown and described in said application for a United

and in and to all applications for patent(s) for said invention, in all countries of the world, including States Patent; all divisions, reissues, continuations, substitutions and extensions thereof and all rights arising under or pursuant to any and all international agreements, treaties or laws relating to the protection of industrial property, including rights of priority, resulting form the filing of any of said applications; and I authorise and request any official whose duty it is to issue patents, to issue any patent on said invention or resulting therefrom to said Assignee, and I agree that on request and without further consideration, but at the expense of said Assignee, I will communicate to said Assignee or its representative all facts known to me respecting said invention and testify in any legal proceeding, sign all lawful papers, execute all divisional, continuing, reissue, or other applications, make all rightful oaths and declarations, and generally do everything possible to aid said Assignee

to obtain and enforce proper patent protection for said invention in all countries. The undersigned hereby grant(s) the firm of STRIKER, STRIKER & STENBY the power to insert on this assignment any further identification or modification which may be necessary or desirable in order to comply with the rules of the united States Patent and Trademark Office for recordation of

this document.		Residence and Full Postal Address:
	Date	Residence and
Signature:	January 16, 2006	VIA DI VITTORIO,4 DRESANO (MILANO) ITALY
Full Name of First or Sole Invento	r: Witness:	A ldroce
Giovanni NICOLOSI	Date	Residence and Full Postal Address:
Signature:  Full Name of Second Inventor:	Witness:	
Full Name of a		Residence and Full Postal Address:
	Date	
Signature: Full Name of Third Inventor:	Witness:	

**PATENT** RECORDED: 02/04/2010 REEL: 023900 FRAME: 0038