

FORM PTO-1618A  
Expires 08/30/99  
OMB 0651-0027

U.S. Department of Commerce  
Patent and Trademark Office  
**TRADEMARK**

### RECORDATION FORM COVER SHEET TRADEMARKS ONLY

TO: The Commissioner of Patents and Trademarks: Please record the attached original document(s) or copy(ies).

#### Submission Type

- New
- Resubmission (Non-Recordation)  
Document ID # \_\_\_\_\_
- Correction of PTO Error  
Reel # \_\_\_\_\_ Frame # \_\_\_\_\_
- Corrective Document  
Reel # \_\_\_\_\_ Frame # \_\_\_\_\_

#### Conveyance Type

- Assignment  License
  - Security Agreement  Nunc Pro Tunc Assignment
  - Merger  Change of Name
  - Other  Release of Security Interest
- Effective Date  
Month Day Year  
\_\_\_\_\_

#### Conveying Party

Mark if additional names of conveying parties attached

Execution Date  
Month Day Year

12 / 06 / 2002

Name Associated Bank Milwaukee

Formerly \_\_\_\_\_

- Individual  General Partnership  Limited Partnership  Corporation  Association
- Other \_\_\_\_\_

Citizenship/State of Incorporation/Organization Wisconsin

#### Receiving Party

Mark if additional names of receiving parties attached

Name WPC Brands, Inc.

DBA/AK/A/T/A \_\_\_\_\_

Composed of \_\_\_\_\_

Address (line 1) 1 Repel Road

Address (line 2) P. O. Box 198

Address (line 3) Jackson

Wisconsin

53037

City

State/Country

Zip Code

- Individual  General Partnership  Limited Partnership
- Corporation  Association
- Other \_\_\_\_\_

If document to be recorded is an assignment and the receiving party is not domiciled in the United States, an appointment of a domestic representative should be attached. (Designation must be a separate document from Assignment.)

Citizenship/State of Incorporation/Organization Wisconsin

#### FOR OFFICE USE ONLY

Public burden reporting for this collection of information is estimated to average approximately 30 minutes per Cover Sheet to be recorded, including time for reviewing the document and gathering the data needed to complete the Cover Sheet. Send comments regarding this burden estimate to the U.S. Patent and Trademark Office, Chief Information Officer, Washington, D.C. 20231 and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Paperwork Reduction Project (0651-0027), Washington, D.C. 20503. See OMB Information Collection Budget Package 0651-0027, Patent and Trademark Assignment Practice. DO NOT SEND REQUESTS TO RECORD ASSIGNMENT DOCUMENTS TO THIS ADDRESS.

Mail documents to be recorded with required cover sheet(s) information to:

Commissioner of Patents and Trademarks, Box Assignments, Washington, D.C. 20231

**TRADEMARK**

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REEL: 002585 FRAME: 0902

FORM PTO-1618B

Expires 06/30/99  
OMB 0851-0027

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U.S. Department of Commerce  
Patent and Trademark Office  
**TRADEMARK**

**Domestic Representative Name and Address**

Enter for the first Receiving Party only.

Name

Address (line 1)

Address (line 2)

Address (line 3)

Address (line 4)

**Correspondent Name and Address**

Area Code and Telephone Number

414.277.5000

Name

Robert L. Titley

Address (line 1)

Quarles & Brady LLP

Address (line 2)

411 East Wisconsin Avenue

Address (line 3)

Milwaukee, Wisconsin

Address (line 4)

**Pages**

Enter the total number of pages of the attached conveyance document including any attachments.

#

2

**Trademark Application Number(s) or Registration Number(s)**

Mark if additional numbers attached

Enter either the Trademark Application Number or the Registration Number (DO NOT ENTER BOTH numbers for the same property).

Trademark Application Number(s)

<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Registration Number(s)

1405414	1382962	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

**Number of Properties**

Enter the total number of properties involved.

#

2

**Fee Amount**

Fee Amount for Properties Listed (37 CFR 3.41):

\$

65.00

Method of Payment:

Enclosed

Deposit Account

Deposit Account

(Enter for payment by deposit account or if additional fees can be charged to the account.)

Deposit Account Number:

#

17-0055

Authorization to charge additional fees:

Yes

No

**Statement 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. Charges to deposit account are authorized, as indicated herein.

Heather L. Cain

Name of Person Signing



Signature

December 12, 2002

Date Signed

**RELEASE OF SECURITY INTEREST**

WHEREAS, WPC HOLDINGS, INC., now known as WPC BRANDS, INC. (the "Assignor"), and ASSOCIATED BANK MILWAUKEE, now known as ASSOCIATED BANK, N.A. (the "Bank"), are parties to one or more security agreements which grant to the Bank a security interest in the Assignor's assets, including, but not limited to, the assets listed in the attached **Schedule A**; and

WHEREAS, the Assignor has fully satisfied all of the Assignor's obligations to the Bank with respect to said security agreements;

NOW, THEREFORE, the Bank states as follows:

The Bank hereby certifies that it is the present owner of a security interest in all right, title, and interest in and to the trademarks identified in that certain Grant of Security Interest in Trademarks by the Assignor in favor of the Bank which was recorded in the United States Patent and Trademark Office on Reel 1434, Frame 0857, on February 27, 1996, to secure payment of certain obligations of the Assignor to the Bank; and

The Bank hereby certifies that the Assignor has satisfied all obligations, and hereby releases and discharges the Assignor from all such obligations and terminates the security interest in all of the assets referred to in the above-noted security agreement and to the assets listed in the attached **Schedule A**.

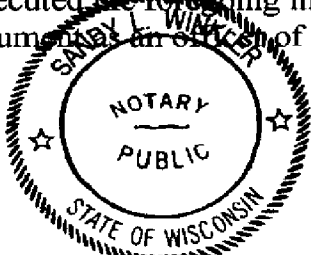
IN WITNESS THEREOF, the Bank has caused this Release of Security Interest to be duly executed by its officer this 6<sup>th</sup> day of December, 2002.

ASSOCIATED BANK, N.A.

By: [Signature]  
Its: Assistant Vice President

STATE OF WISCONSIN )  
                                  ) SS  
COUNTY OF MILWAUKEE)

Personally came before me this 6<sup>th</sup> day of December, 2002, to me known to be the person who executed the foregoing instrument and acknowledged that he/she executed the foregoing instrument as an officer of Associated Bank, N.A., by its authority.



[Signature]  
Notary Public, State of Wisconsin  
My commission Sept 21, 03

TRADEMARKS

<b>MARK</b>	<b>REGISTRATION NUMBER</b>	<b>REGISTRATION DATE</b>
DISPOSER CARE	1405414	8/19/86
DISPOSER CARE	1382962	2/18/86

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