

FORM PTO-1594 Rev. (6-93)  
OMB No. 0651-0011 (exp. 4/94)

U.S. DEPARTMENT OF COMMERCE  
Patent and Trademark Office

RECORDATION FORM COVER SHEET  
TRADEMARKS ONLY

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

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| <p>1. Name of conveying party(ies):</p> <p>Brown Group, Inc.</p> <p><input type="checkbox"/> Individual                      <input type="checkbox"/> Association<br/> <input type="checkbox"/> General Partnership        <input type="checkbox"/> Limited Partnership<br/> <input checked="" type="checkbox"/> Corporation-State <u>New York</u><br/> <input type="checkbox"/> Other _____</p> <p>Additional name(s) of conveying party(ies) attached?    <input type="checkbox"/> Yes    <input checked="" type="checkbox"/> No</p> | <p>2. Name and address of receiving party(ies)</p> <p>Name: <u>Brown Shoe Company, Inc.</u></p> <p>Internal Address: _____</p> <p>Street Address: <u>8300 Maryland Avenue</u></p> <p>City: <u>St. Louis</u>    State: <u>Missouri</u>    Zip: <u>63105-3693</u></p> <p><input type="checkbox"/> Individual(s) citizenship _____<br/> <input type="checkbox"/> Association _____<br/> <input type="checkbox"/> General Partnership _____<br/> <input type="checkbox"/> Limited Partnership _____<br/> <input checked="" type="checkbox"/> Corporation-State <u>New York</u><br/> <input type="checkbox"/> Other _____</p> <p>If assignee is not domiciled in the United States, a domestic representative designation is attached:    <input type="checkbox"/> Yes    <input checked="" type="checkbox"/> No</p> <p>Additional names(s) &amp; addresses(es) attached?    <input type="checkbox"/> Yes    <input checked="" type="checkbox"/> No</p> |
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| <p>3. Nature of conveyance:</p> <p><input type="checkbox"/> Assignment                      <input type="checkbox"/> Merger<br/> <input type="checkbox"/> Security Agreement        <input checked="" type="checkbox"/> Change of Name<br/> <input type="checkbox"/> Other _____</p> <p>Execution Date: <u>May 27, 1999</u></p> | <p>6. Total number of applications and registrations involved: <u>1</u></p> <p>7. Total fee (37 CFR 3.41)    \$<u>40.00</u></p> <p><input type="checkbox"/> Enclosed<br/> <input checked="" type="checkbox"/> Authorized to be charged to deposit account.</p> <p>8. Deposit account number: <u>162201</u><br/> (Attach duplicate copy of this page if paying by deposit account)</p> |
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| <p>4. Application number(s) or registration number(s):</p> <p>A. Trademark Application No.(s) _____                      B. Trademark Registration No.(s) <u>176,970</u></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 should be mailed:</p> <p>Name: <u>Polster, Lieder, Woodruff &amp; Lucchesi, L.C.</u></p> <p>Internal Address: <u>Suite 200</u></p> <p>Street Address: <u>12412 Powerscourt Drive</u></p> <p>City: <u>St. Louis</u>    State: <u>MO</u>    Zip: <u>63131</u><br/> Tel: <u>314-238-2400</u>    Fax: <u>314-238-2401</u></p> | <p>9. Statement and Signature.</p> <p><i>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.</i></p> <p><u>Edward A. Boeschenstein (22,986)</u>                      <u>Edward A. Boeschenstein</u>                      <u>March 9, 2004</u><br/> Name of person Signing                                      Signature                                      Date</p> <p>Total number of pages including cover sheet, attachments, and document: <u>2</u></p> |
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I hereby certify that this correspondence is being facsimile transmitted to: Commissioner of Patent and Trademarks (703) 306-5995, Box Assignments, Washington, D.C. 20231, on March 9, 2004.

Edward A. Boeschenstein  
Edward A. Boeschenstein

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**DOCUMENTATION FOR CHANGE OF NAME  
NO LONGER REQUIRED**