

03-07-2000



101283824

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  
Effective Date  
Month Day Year  
\_\_\_\_\_
- Merger
- Change of Name
- Other \_\_\_\_\_

Conveying Party

Mark if additional names of conveying parties attached

Name EROX CORPORATION

Execution Date  
Month Day Year  
11-22-98

Formerly \_\_\_\_\_

- Individual  General Partnership  Limited Partnership  Corporation  Association
- Other \_\_\_\_\_
- Citizenship/State of Incorporation/Organization \_\_\_\_\_

Receiving Party

Mark if additional names of receiving parties attached

Name HUMAN PHEROMONE SCIENCES, INC.

DBA/AKA/TA \_\_\_\_\_

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

Address (line 1) 4034 Clipper Court

Address (line 2) \_\_\_\_\_

Address (line 3) Fremont

California

94538

- 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 \_\_\_\_\_

03/06/2000 BCOATES 00000175 74567674

FOR OFFICE USE ONLY

01 FC:401  
02 FC:402

40.00 OP  
350.00 OP

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

**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

Name

Address (line 1)

Address (line 2)

Address (line 3)

Address (line 4)

**Pages**

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

#

**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)			Registration Number(s)		
<input type="text" value="74/567674"/>	<input type="text" value="75/355299"/>	<input type="text"/>	<input type="text" value="1839821"/>	<input type="text" value="1870296"/>	<input type="text" value="2056375"/>
<input type="text" value="75/102861"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="1867411"/>	<input type="text" value="1920620"/>	<input type="text" value="2061700"/>
<input type="text" value="75/299450"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="1868809"/>	<input type="text" value="1975469"/>	<input type="text" value="2099664"/>

**Number of Properties**

Enter the total number of properties involved.

#

**Fee Amount**

Fee Amount for Properties Listed (37 CFR 3.41):

\$

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:

#

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.

Lanning G. Bryer  
Name of Person Signing

Signature

11/31/00  
Date Signed

RECORDATION FORM COVER SHEET  
CONTINUATION  
TRADEMARKS ONLY

**Conveying Party**

Enter Additional Conveying Party

Mark if additional names of conveying parties attached

Execution Date  
Month Day Year

Name

Formerly

Individual  General Partnership  Limited Partnership  Corporation  Association

Other

Citizenship State of Incorporation/Organization

**Receiving Party**

Enter Additional Receiving Party

Mark if additional names of receiving parties attached

Name

DBA/AKA/TA

Composed of

Address (line 1)

Address (line 2)

Address (line 3)

City

State/Country

Zip Code

Individual  General Partnership  Limited Partnership

Corporation  Association

Other

Citizenship/State of Incorporation/Organization

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 the Assignment.)

**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)

Registration Number(s)

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2105624	<input type="text"/>	<input type="text"/>
2169749	<input type="text"/>	<input type="text"/>
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S C H E D U L E

EROX	No. 1839821 Dated: June 14, 1994
REALM	No. 1867411 Dated: December 13, 1994
MEN'S BOTTLE Device	No. 1868809 Dated: December 20, 1994
WOMEN'S BOTTLE Device	No. 1870296 Dated: December 27, 1994
EROX	No. 1920620 Dated: September 19, 1995
REALM	No. 1975469 Dated: May 21, 1996
AWAKEN YOUR SIXTH SENSE!	No. 2056375 Dated: April 22, 1997
MEN'S BOTTLE Device	No. 2061700 Dated: May 13, 1997
REALM	No. 2099664 Dated: September 23, 1997
WOMEN'S BOTTLE Device	No. 2105624 Dated: October 14, 1997
INNER REALM (Special Form)	No. 2169749 Dated: June 30, 1998
AWAKEN YOUR SIXTH SENSE!	Application No. 74/567674 Filed: August 26, 1994
THE HUMAN MUSK	Application No. 75/102861 Filed: May 13, 1996
REALM ROULETTE	Application No. 75/299450 Filed: May 29, 1997
INNER REALM (Special Form)	Application No. 75/355299 Filed: September 11, 1997

UNITED STATES OF AMERICA

POWER OF ATTORNEY

The undersigned hereby appoints, jointly and severally with full power of substitution:

STEPHEN A. GOLDSMITH

ALLAN S. PILSON

IAN JAY KAUFMAN

FREDERICK REICHWALD

ROBERT ALPERT

DANIEL F. ZENDEL

LINDA L. BERKOWITZ

LANNING G. BRYER

members of the Bar of the State of New York, c/o Ladas & Parry, 26 West 61st Street, New York, New York 10023, United States of America, to record assignments, mergers, consolidations, changes of name and changes of address and to take all action with respect to the following Trademark Registration or Application for Trademark Registration:

EROX

No. 1839821

Dated: June 14, 1994

HUMAN PHEROMONE SCIENCES, INC.

[Corporate Seal]

*William R. Morgan*  
BY *William R. Morgan* [Title]  
*Chairman, CEO*

*November 22, 1993*  
[Date]

# State of California



## SECRETARY OF STATE

### CERTIFICATE OF FILING

I, BILL JONES, Secretary of State of the State of California, hereby certify:

That on the **3rd day of June, 1998**, there was filed in this office an amendment changing the corporation name from **EROX CORPORATION**, a California corporation, to **HUMAN PHEROMONE SCIENCES, INC.**

IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of September 14, 1999.



*Bill Jones*

BILL JONES  
Secretary of State

dr