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99 MAY 28 AM 9:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Requestor's Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Phone # \_\_\_\_\_

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. 3053 (19) (Corporation Name) 600002889856--1 (Document #)  
-05/28/99--01084--029  
\*\*\*\*\*87.50 \*\*\*\*\*87.50
2. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)
3. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)
4. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)

- Walk in       Pick up time \_\_\_\_\_       Certified Copy
- Mail out       Will wait       Photocopy       Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

T99-682

Name Availability	NP
Document Examiner	NJC
Updater	NJC
Updater Verifier	NJC
Acknowledgement	NJC
W. P. Verifier	NJC

Examiner's Initials	_____
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**APPLICATION FOR THE REGISTRATION OF A TRADEMARK OR SERVICE MARK**  
PURSUANT TO CHAPTER 495, FLORIDA STATUTES

TO: Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

Name & address to whom acknowledgment should be sent:

Ginabeth B. Hutchison, Esq.  
Alston & Bird LLP  
One Atlantic Center  
1201 W. Peachtree Street  
Atlanta, GA 30309-3424  
( 404 ) 881-7000  
Daytime Telephone number

**PART I**

1. (a) Applicant's name: MonierLiferile, LLC

(b) Applicant's business address: 1 Park Plaza, Suite 900  
Irvine, CA 92614  
City/State/Zip

(c) Applicant's telephone number: ( 949 ) 756-1605

Individual       Corporation       Joint Venture       Other  
 General Partnership       Limited Partnership       Union

If other than an individual,

(1) Florida registration number: M98000000264      (2) Domicile State: Delaware

(3) Federal Employer Identification Number: 33-076-9563

2. (a) If the mark to be registered is a service mark, the services in connection with which the mark is used:  
(i.e., furniture moving services, diaper services, house painting services, etc.)

\_\_\_\_\_  
\_\_\_\_\_

(b) If the mark to be registered is a trademark, the goods in connection with which the mark is used:  
(i.e., ladies sportswear, cat food, barbecue grills, shoe laces, etc.)

Concrete roof tile

\_\_\_\_\_  
\_\_\_\_\_

(c) The mode or manner in which the mark is used:(i.e., labels, decals, newspaper advertisements, brochures, etc.)

Labels

\_\_\_\_\_  
\_\_\_\_\_

(Continued)

d) The class(es) in which goods or services fall:

19

**PART II**

1. Date first used by the applicant, predecessor, or a related company (must include month, day and year):

(a) Date first used anywhere: Sept. 26, 1983 (b) Date first used in Florida: Sept. 26, 1983

**PART III**

1. The mark to be registered is: (If logo/design is included, please give brief written description which must be 25 words or less.)

3053

2. DISCLAIMER (if applicable)

NO CLAIM IS MADE TO THE EXCLUSIVE RIGHT TO USE THE TERM " 3053 " APART FROM THE MARK AS SHOWN.

I, \_\_\_\_\_, being sworn, depose and say that I am the owner and the applicant herein, or that I am authorized to sign on behalf of the owner and applicant herein, and no other person, except a related company has the right to use such mark in Florida either in the identical form or in such near resemblance as to be likely to deceive or confuse or to be mistaken therefor. I make this affidavit and verification on my/the applicant's behalf. I further acknowledge that I have read the application and know the contents thereof and that the facts stated herein are true and correct

MonierLifetile LLC,

Typed or printed name of applicant

Joseph E. Smith V.P. Operations  
Applicant's signature or authorized person's signature  
(List name and title)

STATE OF California

COUNTY OF Orange

On this 26<sup>th</sup> day of May, 19 99, Joseph E. Smith personally appeared before me,

who is personally known to me  whose identity I proved on the basis of CA Driver License

SECRETARY OF STATE  
TAMM LASSER, FLEET  
99 MAY 28 AM 9:00  
FILED

Heather J. Maher  
Notary Public Signature

Heather J. Maher  
Notary's Printed Name

(Seal)



My Commission Expires: 6-27-2001

FEE: \$87.50 per class



**MonierLifetile**  
**Colonial Slate**  
DARK CHARCOAL BLEND C/T

Qty/Pallet: 3 SQS Plant: LAKE WALES

**00-00-00**

Shift: DAYS

**3053**

**1LSCS1135**

ICBO No. 2093 SBCCI No. 75101

CAUTION: Sawing or grinding of concrete releases dust particles containing crystalline silica which may cause eye or nose irritation. Respirable crystalline silica may cause silicosis and might cause lung cancer. When sawing or grinding concrete is in progress, provide for adequate ventilation, dust suppression, or other feasible engineering controls to keep silica levels below the PEL (Permissible Exposure Limit). If levels exceed or are likely to exceed the PEL, use a NIOSH-approved respirator with a HEPA filter and tight fitting goggles. A Material Safety Data Sheet is available from your closest MonierLifetile Sales Office.

This product has an installed weight of 10.3 pounds per square foot when installed with a 3" headlap. The installed weight is derived from testing conducted in accordance with ICBOES Acceptance Criteria for Special Roofing Systems Section 3.2 and shown in the above ICBO Report 2093.