

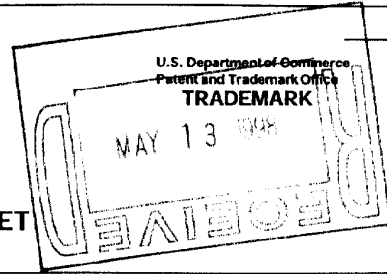
FORM PTO-1618A
Expires 06/30/99
OMB 0651-0027

05-19-1998



100715773

RECORDATION FORM COVER SHEET
TRADEMARKS ONLY



MRD 5-13-98

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

Submission Type		Conveyance Type	
<input checked="" type="checkbox"/> New	<input type="checkbox"/> Resubmission (Non-Recordation) Document ID # _____	<input checked="" type="checkbox"/> Assignment	<input type="checkbox"/> License
<input type="checkbox"/> Correction of PTO Error Reel # _____ Frame # _____	<input type="checkbox"/> Corrective Document Reel # _____ Frame # _____	<input type="checkbox"/> Security Agreement	<input type="checkbox"/> Nunc Pro Tunc Assignment Effective Date Month Day Year 01151998
		<input type="checkbox"/> Merger	<input type="checkbox"/> Change of Name
		<input type="checkbox"/> Other _____	

Conveying Party Mark if additional names of conveying parties attached

Name Targeted Media for Medicine, Inc. Execution Date
Month Day Year
01151998

Formerly _____

Individual General Partnership Limited Partnership Corporation Association

Other _____

Citizenship/State of Incorporation/Organization New Jersey

Receiving Party Mark if additional names of receiving parties attached

Name HSI Service Corp.

DBA/AKA/TA _____

Composed of _____

Address (line 1) _____

Address (line 2) 200 Continental Drive - Suite 115

Address (line 3) Newark Delaware 19713
City State/Country Zip Code

Individual General Partnership Limited Partnership 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.)

Corporation Association

Other _____

Citizenship/State of Incorporation/Organization Delaware

05/14/1998 DCOATES 00000120 1833312

FOR OFFICE USE ONLY

01 FC:481 40.00 OP
02 FC:482 100.00 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

TRADEMARK
REEL: 1733 FRAME: 0576

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"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="1833312"/>	<input type="text" value="1811529"/>	<input type="text" value="1837552"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="1717093"/>	<input type="text" value="1505879"/>	<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. #

Fee Amount

Fee Amount for Properties Listed (37 CFR 3.41): \$

Method of Payment: Enclosed Deposit Account

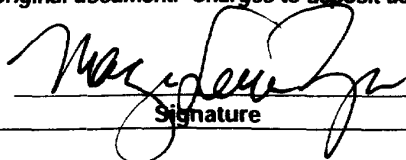
Deposit Account
(Enter for payment by deposit account or if additional fees can be charged to the account.)
Deposit Account Number: #

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.

Marya Lenn Yee
Name of Person Signing


Signature

5/8/98
Date Signed



ASSIGNMENT OF U.S. TRADEMARKS


WHEREAS, Targeted Media for Medicine, Inc. a New Jersey corporation, 5 Marinewiew Plaza, Hoboken, New Jersey 07030 ("Assignor"), is the owner of the trade and service marks (the "Marks") identified on the attached Schedule A;

WHEREAS, HSI Service Corp. a Delaware corporation, 220 Continental Drive, Suite 115, Newark, Delaware 19713("Assignee"), desires to obtain all rights in and to the Marks;

NOW, THEREFORE, for good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, Assignor hereby sells, transfers, conveys and assigns to Assignee, all of Assignor's right, title and interest throughout the world in and to the Marks, all registrations and applications, if any, therefor, the right to recover for past infringement, and the good will of the business in connection with which they are or have been used.

IN WITNESS WHEREOF, Assignor has caused this document to be executed as of the 14 day of JAN, 1998 .

TARGETED MEDIA FOR MEDICINE, INC.

By: 
Steve Kess
President