

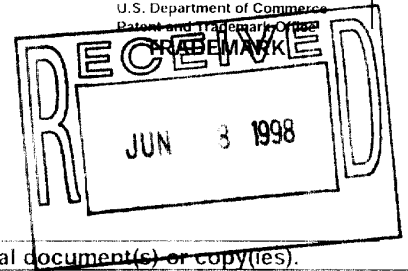
06-23-1998



100744911

RECORDATION FORM COVER SHEET
TRADEMARKS ONLY

U.S. Department of Commerce
Patent and Trademark Office



MPO 6-8-98

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 Effective Date
Month Day Year _____
- Change of Name
- Other _____

Conveying Party

Mark if additional names of conveying parties attached

Execution Date
Month Day Year

Name Trilogy Consulting Corporation

4 8 98

Formerly _____

- Individual General Partnership Limited Partnership Corporation Association
- Other _____
- Citizenship/State of Incorporation/Organization Illinois

Receiving Party

Mark if additional names of receiving parties attached

Name Infotech Services, Inc.

DBA/AKATA _____

Composed of _____

Address (line 1) 6302 Fairview Road, Suite 201

Address (line 2) _____

Address (line 3) Charlotte North Carolina 28210

City

State/Country

Zip Code

- Individual General Partnership Limited Partnership Corporation Association
- Other _____
- Citizenship/State of Incorporation/Organization North Carolina

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.)

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, Office of 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
Commissioner of Patents and Trademarks, Box Assignments, Washington, DC 20232

0000176



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

<input type="text" value="1,918,301"/>	<input type="text"/>	<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.)

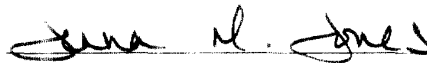
Deposit Account Number: #

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.

Jenna M. Jones



June 3, 1998

Name of Person Signing

Signature

Date Signed

ASSIGNMENT OF SERVICE MARK

WHEREAS, Trilogy Consulting Corporation, a corporation of the State of Illinois, having its principal place of business at 850 South Greenbay Road, Waukegan, Illinois, has adopted, used and is using the service mark TRILOGY, which was previously registered in the United States Patent and Trademark Office, US Registration No. 1,918,301, dated September 12, 1995; and

WHEREAS, by the terms of an asset purchase agreement dated as of April 8, 1998, Infotech Services, Inc., located at 6302 Fairview Road, Suite 201, Charlotte, North Carolina, has purchased all of the assets of Trilogy Consulting Corporation, including the aforesaid service mark and the registration thereof;

NOW, THEREFORE, for good and valuable consideration, receipt of which is hereby acknowledged, Trilogy Consulting Corporation does hereby assign to Infotech Services, Inc. all of its right, title and interest in and to the aforesaid service mark and registration, together with any rights that Trilogy Consulting Corporation may have acquired in the mark TRILOGY and the goodwill of the business symbolized by the mark.

This the 8th day of April, 1998.

TRILOGY CONSULTING CORPORATION

By: William J. Phillips
Name: William J. Phillips
Title: President

State of Illinois
County of Lake

Before me appeared, the person who signed this instrument, who acknowledged that he/she signed it as a free act on his/her own behalf (or on behalf of the identified corporation or other juristic entity with authority to do so).

This 8th day of April, 1998

Notary Public Michelle M Sutton

(Seal) 
My Commission Expires: _____