To the Honorable Commission Type 101160696 New			10-04-1999		OMMERCE OVER SHEET		Paten	it and Trademark Office	
Submission Type					NLY				
New Prometry Name of Conveying Party: Name: Computer Task Group. Inc.)		1			1	
Resubmission Non-Recordation Doaument ID # DaAAKATT:			101160696	Name and address of receiving party:					
Document ID #	_			Naı	ne: Internations	al Business M	Iachines (Corporation .	
Address: Sew Orchard Road Address: Sew Orchard Road Address: Sew Orchard Road Correction of PTO Error Reel #	J		(Non-Recordation)	DB	A/AKA/TA:				
Frame # Corporation Corpor		Document ID #		Ade	dress: New Orch	ard Road			
Corrective Document Red # Frame # Association Limited Partnership 3. Name of Conveying Party: Month Day YEAR General Partnership Other	٠					· · · · · · · · · · · · · · · · · · ·			
General Partnership Other		Corrective Docume	ent	1			_	•	
Somputer Task Group, Inc. Gometiver Task Group, Inc. MONTH DAY YEAR								•	
Formerly:	i	*	-	•	General Part	nership		Other	
Individual(s)	ŀ			Citizenship/State of Incorporation:					
Individual(s)	For	meriy:			Ne	w York	-		
General Partnership Limited Partnership Corporation Citizenship/State of Incorporation/Organization: New York Additional name(s) of conveying parties attached? Yes No 4. Conveyance Type:	٠	Individual(s)	☐ Association ☐	A 4.4	liti amal mama (a) a	6		k-40 □ .V ■ .V.	
Additional name(s) of conveying parties attached?		Citizenship/State of Ir	ncorporation/Organization:	Additional name(s) of receiving parties attached? Yes No					
Assignment Merger License Yes No (Designations must be a separate document from Assignment)	Additional name(s) of conveying parties attached? Yes No								
Name Name Assignment Other				domestic representative designation is attached:					
Effective Date:	Name Assignment			(Designations must be a separate document from Assignment)					
A. Trademark Application No.(s) 75/480,319 Additional numbers attached? Yes No 6. Name and address of party to whom correspondence concerning document should be mailed (and Domestic Representative Address, if applicable): Name: Cindy M. Zelson, Esq. MORGAN & FINNEGAN, L.L.P. Address: 345 Park Avenue City: New York State: New York Zip: 10154 Area Code and Telephone No.: (212) 415-8747 Area Code and Telephone No.: (212) 415-8747 To the best of my knowledge and belief, the foregoing information is true and correct and document. Charges to deposit account are authorized, as indicated herein Name of Person Signing Total amount of pages: in cover sheet Additional numbers attached? Yes No 7. Total number of applications and registrations involved: 1 8. Total fee (37 CFR 3.41): \$40.00 Authorized to be charged to deposit account 9. Deposit account number: 13-4500. Authorization to charge additional fees Yes I No FOR OFFICE USE ONLY Signature Total amount of pages: in cover sheet									
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Additional numbers attached?									
6. Name and address of party to whom correspondence concerning document should be mailed (and Domestic Representative Address, if applicable): Name: Cindy M. Zelson, Esq. MORGAN & FINNEGAN, L.L.P. Address: 345 Park Avenue City: New York State: New York Zip: 10154 Area Code and Telephone No.: (212) 415-8747 13-45005 Authorization to charge additional fees Yes I No FOR OFFICE USE ONLY 10. Statement and signature To the best of my knowledge and belief, the foregoing information is true and correct and additional fees of my knowledge and belief, the foregoing information is true and correct and additional fees of my knowledge and belief, the foregoing information is true and correct and additional fees of my knowledge and belief, the foregoing information is true and correct and additional fees of my knowledge and belief, the foregoing information is true and correct and additional fees of my knowledge and belief, the foregoing information is true and correct and additional fees of my knowledge and belief, the foregoing information is true and correct and additional fees of my knowledge and belief, the foregoing information is true and correct and additional fees of my knowledge and belief, the foregoing information is true and correct and additional fees of my knowledge and belief, the foregoing information is true and correct and additional fees of my knowledge and belief, the foregoing information is true and correct and additional fees of my knowledge and belief, the foregoing information is true and correct and additional fees of my knowledge and belief, the foregoing information is true and correct and additional fees of my knowledge and belief, the foregoing information is true and correct and additional fees of my knowledge and belief, the foregoing information is true and correct and additional fees of my knowledge and belief, the foregoing information is true and correct and additional fees of my knowledge and belief, the foregoing information is true and correct and additional fees of my knowled									
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Area Code and Telephone No.: (212) 415-8747 Authorization to charge additional fees FOR OFFICE USE ONLY 10. 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 Name of Person Signing Total amount of pages: in cover sheet	City	: <u>New York</u> St	ate: New York Zip: 10154	0			e charged t	to deposit account	
Authorization to charge additional fees Yes No No No No No No No No No N	Area Code and Telephone No.: (212) 415-8747			8					
FOR OFFICE USE ONLY 10. 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 Name of Person Signing Total amount of pages: in cover sheet					and aft				
Name of Person Signing Total amount of pages: in cover sheet									
Name of Person Signing Total amount of pages: in cover sheet	10.								
Name of Person Signing Signature Date Total amount of pages: in cover sheet	document. Charges to deposit account are authorized, as indicated herein								
Mail Documents to Commissioner of Patents and Trademarks, Box Assignments, Washington DE 20231		-	ages: 1			H H			
	Mai								

TRADEMARK
REEL: 001968 FRAME: 0753

EXHIBIT 1

ASSIGNMENT

WHEREAS, Computer Task Group, Inc., a New York corporation, with offices at 800 Delaware Avenue, Buffalo, New York 14209 ("Assignor") owns, has adopted and is using the service mark HELPNOW and is the owner of United States service mark application Serial Number 75/480,319 to register the HELPNOW Mark which was filed on May 6, 1998, issued a Notice of Allowance on June 15, 1999 and for which a Statement of Use was filed on August 12, 1999 claiming a date of first use of April, 1998.

WHEREAS, International Business Machines Corporation, a New York Corporation, with offices at New Orchard Road, Armonk, New York ("Assignee") is desirous of acquiring said mark and application and all related rights;

NOW, THEREFORE, for good and valuable consideration, the receipt of which is hereby acknowledged, said Assignor does hereby assign to the said Assignee all right, title, and interest in and to the HELPNOW Mark, the trademark application Serial No. 75-480,319 and the goodwill of the business symbolized thereby.

ASSIGNOR

By: Fee	4	P. Radetul
Name: PETEN	P.	RADETICH

Title: SECRETARY + GENERAL COUNSEL

STATE OF NEW YORK)
) ss.
COUNTY OF ERIE)

On this 10th day of September 1999, before me appeared Peter P. Radetak, the person who signed this instrument, who acknowledged that he signed it as a free act on behalf of the identified corporation with authority to do so.

(Signature of Notary Public)

RECORDED: 09/29/1999

MOLLY STONE

Notary Public, State of New York

Ovalified in Erie County

Commission Expires 02/12/ 3414

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Express #EJ119551881US

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