

MRD 2-18-00

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

03-23-2000



101295463

U.S. Department of Commerce  
Patent and Trademark Office  
TRADEMARK

### 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

Merger  Effective Date  
Month Day Year

Change of Name

Other

#### Conveying Party

Mark if additional names of conveying parties attached

Name  Execution Date  
Month Day Year

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

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 Assignment.)

03/22/2000 DCURTES 00000172 1989567

#### 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: 002038 FRAME: 0006

**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="1989567"/>	<input type="text" value="1956007"/>	<input type="text" value="1956006"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="2029519"/>	<input type="text" value="1701450"/>	<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.

KATE HENDERSON

FEB. 8, 2000

Name of Person Signing

Signature

Date Signed

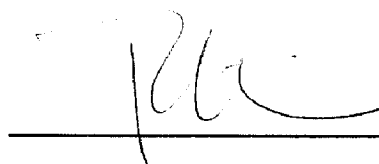
**CONFIRMATION OF GRANT OF SECURITY INTEREST**

This will confirm that, pursuant to a movable hypothec (hereinafter referred to as the "Agreement") dated January 7, 2000 between Logibro Inc. (hereinafter referred to as "Logibro"), whose full post office address is 2, Place Alexis Nihon, Suite 1400, 3500, boul de Maisonneuve Ouest, Montreal, Quebec, H3Z 3C1 and GATX/MM Venture Finance Partnership (hereinafter referred to as "GATX/MM"), whose full post office address is 150 King Street West, Suite 2411, Box 94, Toronto, Ontario, M5H 1J9, for good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, Logibro confirms that it has granted to GATX/MM a security interest, lien and charge in all of Logibro's intellectual property, including without limitation, all of Logibro's right, title and interest in and to the copyrights, patents and trademark and patent applications listed on the Schedule attached hereto, and in and to any and all continuations, continuations-in-part, divisions, reissues and reexaminations which issue therefrom, the same to be held and enjoyed by GATX/MM, strictly subject to the terms of the Agreement.

**EXECUTED** at Montreal, this 7<sup>th</sup> day of January, 2000.

**LOGIBRO INC.**

Per: \_\_\_\_\_



**Pierre Lanteigne**  
Vice-President, Finance and Administration

BUSINESS LAW\579038\_1