

04-27-2000



101336158

RECORDATION FORM COVER SHEET  
TRADEMARKS ONLY

4-4-00

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  Change of Name
  - Other \_\_\_\_\_
- Effective Date  
Month Day Year  
3 31 00

Conveying Party

Mark if additional names of conveying parties attached

Name TRUST COMPANY BANK Execution Date  
Month Day Year  
3-31-00

Formerly \_\_\_\_\_

- Individual  General Partnership  Limited Partnership  Corporation  Association
- Other \_\_\_\_\_
- Citizenship/State of Incorporation/Organization GEORGIA

Receiving Party

Mark if additional names of receiving parties attached

Name SUNTRUST BANKS, INC.

DBA/AKATA \_\_\_\_\_

Composed of \_\_\_\_\_

Address (line 1) 200 S. Orange Avenue

Address (line 2) MC 0-2103

Address (line 3) Orlando Florida U.S.A. 32801

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 Georgia

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01 FC:481  
02 FC:482

75.00 LP

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

**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="1785797"/>	<input type="text" value="932729"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="1688086"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="1653886"/>	<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.

Lynn F. Nelson, Associate General Counsel

Name of Person Signing

Signature

Date Signed

3-31-00

## ASSIGNMENT OF TRADEMARK OWNERSHIP RIGHTS

In exchange for value received on the date of this assignment, SunTrust Bank, formerly known as Trust Company Bank ("Assignor), assigns all right, title, goodwill and interest in the following Federal Trademarks to SunTrust Banks, Inc. ("Assignee"):

<u>Name of Trademark</u>	<u>Federal Registration number</u>
Cash Reserve & Mortgage	#1785797
Physician Service Association	#1688086
Physician Service Association Design	#1653886
Trust Company Bank Design	#932729

In connection with the above assignment, SunTrust Bank warrants that:

- (1) It is the registered owner of the above-listed Federal Trademarks, as set forth on The Principal Register for Trademarks, maintained by the Patent and Trademark Office of the United States ("subject registrations");
- (2) It is the wholly-owned subsidiary of SunTrust Banks, Inc., and, as such, it has determined it is in its best interest to effect this transfer to its parent company, SunTrust Banks, Inc., a Georgia corporation;
- (3) It has been assured by SunTrust Banks, Inc. that it will maintain the subject registrations upon The Principal Register for Trademarks.

This Assignment shall be in full force and effect as of the date hereof and shall be binding upon the parties and their respective successors and assigns.

### ASSIGNOR:

SUNTRUST BANK

By Cathy Homa Arther

Name: CATHY HOMA ARTHUR

Title: First Vice President

### ACCEPTANCY BY ASSIGNEE

SUNTRUST BANKS, INC.

By Lynn F. Nelson

Name: LYNN F. NELSON

Title: Associate General Counsel