	- 10-16-2000 <del></del>			
FORM PTO-1618A Expires 06/30/99 OMB 0651-0027	U.S. Department of Commerce Patent and Trademark Office TRADEMARK			
1	RDATION FORM COVER SHEET TRADEMARKS ONLY			
TO: The Commissioner of Patents and Trade	emarks: Please record the attached original document(s) or copy(ies).			
Submission Type	Conveyance Type			
x New	Assignment License			
Resubmission (Non-Recordation) Document ID#	Security Agreement Nunc Pro Tunc Assignment  Effective Date			
Correction of PTO Error	Merger Month Day Year 02 24 1998			
Reel # Frame # Corrective Document	Change of Name			
Reel # Frame #	x Other Release of Security Interest			
Conveying Party	Mark if additional names of conveying parties attached Execution Date Month Day Year			
Name BankBoston, N.A.	02 24 1998			
Formerly Bank of Boston Connecticut				
Individual General Partnershi	ip Limited Partnership Corporation Association			
x Other A National Banking Association				
Citizenship/State of Incorporation/Orga	anization			
Receiving Party	Mark if additional names of receiving parties attached			
Name Ney Ultrasonics, Inc.				
DRAVAKATA				
DBA/AKA/TA				
DBA/AKA/TA  Composed of				
Composed of				
Composed of  Address (line 1) Ney Industrial Park	Connecticut 06002			
Composed of  Address (line 1) Ney Industrial Park  Address (line 2) 1280 Blue Hills Avenue	State/Country Zip Code			
Composed of  Address (line 1) Ney Industrial Park  Address (line 2) 1280 Blue Hills Avenue  Address (line 3) Bloomfield	State/Country Zip Code			
Composed of  Address (line 1) Ney Industrial Park  Address (line 2) 1280 Blue Hills Avenue  Address (line 3) Bloomfield  City	State/Country  Zip Code  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.			
Composed of  Address (line 1) Ney Industrial Park  Address (line 2) 1280 Blue Hills Avenue  Address (line 3) Bloomfield  City  Individual General Partnershi	State/Country  Zip Code  ip 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			
Composed of  Address (line 1) Ney Industrial Park  Address (line 2) 1280 Blue Hills Avenue  Address (line 3) Bloomfield City  Individual General Partnershi  X Corporation Association  Other  X Citizenship/State of Incorporation/Organ	State/Country  Zip Code  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.)			
Composed of  Address (line 1) Ney Industrial Park  Address (line 2) 1280 Blue Hills Avenue  Address (line 3) Bloomfield City  Individual General Partnershi  x Corporation Association	State/Country  Zip Code  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.)			

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

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

## Page 2

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

Domestic Representative Nam	ne and Address Enter for the first l	Receiving Party only.			
Name					
Address (line 1)					
Address (line 2)					
Address (line 3)					
Address (line 4)					
Correspondent Name and Add	dress Area Code and Telephone Number	(212) 848-4000			
Name Alexander M. Kim					
Address (line 1) Shearman & Sterling	]				
Address (line 2) 599 Lexington Avenue	ue				
Address (line 3) New York, New York	( 10022				
Address (line 4)					
Pages Enter the total num including any attact	ber of pages of the attached conveyance do hments.	pcument # 5			
Enter either the Trademark Application Numb	er(s) or Registration Number(s)				
Trademark Application Numb	2,101,266	Registration Number(s)  2,089,280  2,252,296			
		2,000,200			
	2,115,670				
Number of Properties Enter the total number of properties involved. # 4					
Fee Amount F	ee Amount for Properties Listed (37 CFR 3.4	41): \$ 115.00			
Method of Payment: Deposit Account	Enclosed  Deposit Account				
(Enter for payment by deposit account or if additional fees can be charged to the account.)  Deposit Account Number: # 50-0324					
	Authorization to charge additional fe	es: Yes X No			
	ge and belief, the foregoing information is tr y of the original document. Charges to dep				
Alexander M. Kim	flyallio	9/26/00			
Name of Person Signing	Signature	Date Signed			

## RELEASE

KNOW ALL MEN BY THESE PRESENTS, THAT BANKBOSTON, N.A. (successor by merger to Bank of Boston Connecticut) a national banking association with an office at 100 Pearl Street, Hartford, Connecticut 06103, and RHODE ISLAND HOSPITAL TRUST NATIONAL BANK, a national banking association with an office at One Hospital Trust Plaza, providence, Rhode Island 02903, (collectively referred to herein as the "Banks") for good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, do hereby release and discharge (a) that certain Unlimited Guaranty given by Ney Ultrasonics, Inc. (the "Guarantor") in favor of the Banks dated as of October 18, 1996 in connection with certain loans made by the Banks to The J. M. Ney Company (the "Borrower") as more fully set forth therein, (b) that certain Security Agreement given by the Guarantor in favor of the Banks dated as of October 18, 1996, (c) that certain Trademark Collateral Security and Pledge Agreement given by the Guarantor in favor of the Banks dated as of October 18, 1996 and (d) their interests in that certain Lessor's Agreement among Anderson Group, Inc., the Guarantor and the Banks dated as of October 18, 1996, it being the intention of the undersigned to release and forever discharge the Guarantor of each and every obligation owing thereby to the Banks and related to loans to the Borrower.

In addition to the execution and delivery of this Release, the undersigned agree to cooperate with the Guarantor in carrying out the intent of this release, and to execute and deliver such additional documents, and notices to debtors of the Guarantor, as may be reasonably requested by the Guarantor.

EXECUTED AND DELIVERED as of the 24 day of February, 1998.

Signed, sealed and delivered

in the presence of:

Print Name: KARIA GRA

Print Name: KORIO Kaercher

BANKBOSTON, N.A.

✓ Q

Title: Canada Proper da

RHODE ISLAND HOSPITAL TRUST NATIONAL BANK

NATIONAL DAM

Name: JOHN ZIMMENNAN

Title: SENICE VICE PRESIDENT

HFD\_32787/P@R011.DOC

	· · · · · · · · · · · · · · · · · · ·
STATE OF LINN.  COUNTY OF Hartford) ss.	
of said bank.	of BANKBOSTON, N.A.to me known and
12/31/0	Notary Public [SEAL]
STATE OF Rhode Island COUNTY OF Providence ss.	
On the 4 day of February, 1998, before a Derry IV Zi Mini erin Aw, a SR. VIC TRUST NATIONAL BANK, to me known and foregoing instrument and acknowledged said in	
deed in said capacity and the free act and deed	of said bank.
•	Celeta 18 Welter
	Notary Public [SEAL]
	CAN IZI A MILIOLA

HFD\_32787/P@R011.DOC

3. Maturity date (if any): For Filing Officer (Date, Time and Filing Office)

key Ultrasonics Inc. 1280 Blue Hills Avenue Bloomfield, CT 06002

Rhode Island Hospital Trust, National Bank One Hospital Trust Plaza Providence, RI 02903

God with Co Continuation, Mermination. Assignment.	Continuation.  Itemination.  Assignment.  The original financing statement between the foregoing Debtor and Secured Party, bearing file number shown above, is still effective.  Secured party no longer claims a security interest under the financing statement bearing file number shown above to the property described in Item 10 have been assigned to the assignee whose name and address appears in Item 10.				
Amendment.	Financing Statement bearing file number shown above is om Secured Party releases the collateral described in Item 10 fro	om the financing statement bearing file number shown above.			
,					
		No. of additional Sheets presented:			
	· · · · · · · · · · · · · · · · · · ·	Rhode Island Hashital Trust National Bank Lills Flag Such			

(2) Filing Officer Capy - Numerical

## SECRETARY OF THE STATE 30 TRINITY STREET P.O. BOX 150470 HARTFORD, CT 06115-0470

12,1998

CYNTHIA WILLIS 'EDWARDS & ANGELL 750 MAIN STREET HARTFORD, CT 06103

Mcceptance of UCC Filing

letter is to confirm the acceptance of the following filing:

order Number: 1998033771-001 Miling Number: 0001836621 grence Number: 0001733457 of Request: TERMINATION Accepted: MAR 11 1998
Accepted: 08:30 AM
Order Payment Received: 25.00

unt Balance: 90.00 tomer Id: 002751

m filing report has been provided for verification.

XXX MAESTRE-SOTO ercial Recording Division 509-6004

## UCC FILING REPORT

ORDER NUMBER: 1998033771-001 ILING NUMBER: 0001836621

NAMES AND ADDRESSES:

NAME PREFIX:

MUSINESS NAME: NEY ULTRASONICS INC.

NAME SUFFIX:

ADDRESS:1280 BLUE HILLS AVENUE ADDRESS:1280 BLUE HILLS AVEN TY/STATE/ZIP:BLOOMFIELD,CT 06002

RED PARTY NAMES AND ADDRESSES:

NAME PREFIX:

BUSINESS NAME: RHODE ISLAND HOSPITAL TRUST NATIONAL BANK

ADDRESS: ONE HOSPITAL TRUST PLAZA

CITY/STATE/ZIP: PROVIDENCE, RI 02903

\*\* END OF REPORT \*\*

**TRADEMARK REEL: 002155 FRAME: 0641** 

**RECORDED: 10/02/2000**