

11-14-2000



Handwritten: MRP, 10/24/00

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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

Execution Date

Month Day Year

Name ISG e-CRM ACQUISITION COMPANY, INC

09132000

Formerly \_\_\_\_\_

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

Receiving Party

Mark if additional names of conveying parties attached

Name THE RELIZON e-CRM ACQUISITION COMPANY INC

DBA/AKA/TA \_\_\_\_\_

Composed of Corporation of Delaware

Address (line 1) One Reynolds Way

Address (line 2) \_\_\_\_\_

Address (line 3) Kettering

Ohio

45430

City

State/County

Zip Code

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

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, Chief Information Officer, 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 sheets and information to: Commissioner of Patents and Trademarks, Box Assignments, Washington, D.C. 20231

Vertical stamp: 11/18/00 MAIL 10000004 194215 75894003 40.00 CH 200.00 CH

TRADEMARK

REEL: 002173 FRAME: 0374

**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 415-777-3999

Name Ivette Goldfrank

Address (line 1) Steinhart & Falconer, LLP

Address (line 2) 333 Market Street, Suite 3200

Address (line 3) San Francisco, CA 94105-2150

Address (line 4) \_\_\_\_\_

Pages Enter the total number of pages of the attached conveyance document including any attachment. # 2

**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)

<u>75894003</u>	_____	_____	<u>1976694</u>	<u>1794135</u>	<u>2062249</u>
_____	_____	_____	<u>1501747</u>	<u>2106118</u>	<u>1942767</u>
_____	_____	_____	<u>1950412</u>	<u>2128755</u>	_____

Number of Properties Enter the total number of properties involved. # 0

Fee Amount Fee Amount for Properties Listed (37 CFR 3.41): \$ 240.00

Method of Payment: Enclosed  Deposit Account

Deposit Account (Enter for payment by deposit account or if additional fees can be charged to the account.)

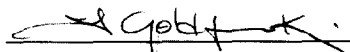
Deposit Account Number: # 19-4215

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.

Ivette Goldfrank  
Name of Person Signing

  
Signature

October 19, 2000  
Date Signed

**RECORDATION FORM COVER SHEET  
CONTINUATION  
TRADEMARKS ONLY**

**Conveying Party**

Mark if additional names of conveying parties attached

**Execution Date**  
Month Day Year

Name \_\_\_\_\_

Formerly \_\_\_\_\_

Individual     General Partnership     Limited Partnership     Corporation     Association

Other \_\_\_\_\_

Citizenship/State of Incorporation/Organization \_\_\_\_\_

**Receiving Party**

Mark if additional names of conveying parties attached

Name \_\_\_\_\_

DBA/AKA/TA \_\_\_\_\_

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

Address (line 1) \_\_\_\_\_

Address (line 2) \_\_\_\_\_

Address (line 3) \_\_\_\_\_  
City State/County 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.)*

**Trademark Application Number(s)**

**Registration Number(s)**

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**SUPPORTING DOCUMENTATION FOR TRADEMARK  
CHANGE OF NAME DOCUMENTS IS**

**NO LONGER REQUIRED**

**UNDER THE**

**TRADEMARK LAW TREATY ACT**

**EFFECTIVE**

**OCTOBER 30, 1999**