

04-27-2001

U.S. DEPARTMENT
OF COMMERCE
Patent and
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*MRS
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Corrective*

To the Honorable Commissioner of Patents and Trademarks: Please record the attached original documents or copy thereof.

<p>1. Name of conveying party(ies):</p> <p>Industrial Computing Designs Corporation</p> <p><input type="checkbox"/> Individual(s) <input type="checkbox"/> Association <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership <input checked="" type="checkbox"/> Corporation - State of Virginia <input type="checkbox"/> Other</p> <p>Additional name(s) of conveying party(ies) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>2. Name and address of receiving party (ics)</p> <p>Poms Corporation</p> <p>Internal Address: _____ Street Address: 250 Exchange Place City: Herndon State: VA ZIP: 22070</p> <p><input type="checkbox"/> Individual(s) citizenship _____ <input type="checkbox"/> Association _____ <input type="checkbox"/> General Partnership _____ <input type="checkbox"/> Limited Partnership _____ <input checked="" type="checkbox"/> Corporation-State of Delaware <input type="checkbox"/> Other _____</p>
<p>3. Nature of conveyance:</p> <p><input type="checkbox"/> Assignment <input type="checkbox"/> Merger <input type="checkbox"/> Security Agreement <input type="checkbox"/> Change of Name <input checked="" type="checkbox"/> Other Corrective assignment recorded at</p> <p>Reel/Frame: 2123/0946. State of Inc. should be Virginia, not Delaware.</p> <p>Execution Date: _____</p>	<p>If assignee is not domiciled in the United States, a domestic representative designation is attached: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Designations must be a separate document from assignment)</p> <p>Additional name(s) & address(es) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>

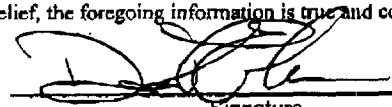
<p>4. Application number(s) or registration number(s)</p> <p>A. Trademark Application No.(s)</p> <p>See Attached Schedule</p>	<p>B. Trademark Registration No. (s)</p> <p>See Attached Schedule</p>
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Additional numbers attached? Yes No

<p>5. Name and address of party to whom correspondence concerning document should be mailed:</p> <p>Name: David A. Cohen, Esq.</p> <p>Internal Address:</p> <p>Honeywell International Inc.</p> <p>Street Address:</p> <p>101 Columbia Road</p> <p>City: Morristown State: NJ ZIP: 07962</p>	<p>6. Total number of applications and registrations involved ...7...</p> <p>7. Total fees (37 CFR 3.41).....\$ 190</p> <p><input type="checkbox"/> Enclosed <input checked="" type="checkbox"/> Authorized to be charged to deposit account</p> <p>Deposit account number: 01-1125</p> <p>(Attach duplicate copy of this page if paying by deposit account)</p>
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8. 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.

David A. Cohen  April 26, 2001
Name of Person Signing Signature Date

Total number of pages including cover sheet, attachments, and document: 5

Mail documents to be recorded with required cover sheet information to:
Assistant Commissioner for Trademarks
BOX ASSIGNMENTS
2900 Crystal Drive
Arlington, VA 22202-3513

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U.S. DEPARTMENT OF COMMERCE Patent and Trademark Office

To the Honorable Commissioner of Patents and Trademarks: Please record the attached original documents or copy thereof.

<p>1. Name of conveying party(ies): Industrial Computing Designs</p> <p><input type="checkbox"/> Individual(s) <input type="checkbox"/> Association Corporation <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership <input checked="" type="checkbox"/> Corporation - State of Delaware <input type="checkbox"/> Other _____</p> <p>Additional name(s) of conveying party(ies) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>2. Name and address of receiving party (ies)</p> <p>Name: <u>Fons Corporation</u> Internal Address: _____ Street Address: <u>250 Pychance Place</u> City: <u>Herndon</u> State: <u>VA</u> ZIP: <u>22070</u></p> <p><input type="checkbox"/> Individual(s) citizenship _____ <input type="checkbox"/> Association _____ <input type="checkbox"/> General Partnership _____ <input type="checkbox"/> Limited Partnership _____ <input checked="" type="checkbox"/> Corporation - State of Delaware <input type="checkbox"/> Other _____</p>
<p>3. Nature of conveyance:</p> <p><input type="checkbox"/> Assignment <input type="checkbox"/> Merger <input type="checkbox"/> Security Agreement <input checked="" type="checkbox"/> Change of Name <input type="checkbox"/> Other _____</p> <p>Execution Date: <u>October 27, 1998</u></p>	<p>If assignor is not domiciled in the United States, a domestic representative designation is attached: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Designations must be a separate document from assignment)</p> <p>Additional name(s) & address(es) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>4. Application number(s) or registration number(s)</p> <p>A. Trademark Application No.(s) <u>See Attached Schedule</u></p> <p>B. Trademark Registration No. (s) <u>See Attached Schedule</u></p> <p>Additional numbers attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	

<p>5. Name and address of party to whom correspondence concerning document should be mailed:</p> <p>Name: <u>David Cohen, Esq.</u> Internal Address: _____ <u>Honeywell International Inc</u> Street Address: _____ <u>101 Columbia Road</u> City: <u>Maxxiatown</u> State: <u>VA</u> ZIP: <u>07062</u></p>	<p>6. Total number of applications and registrations involved..... <u>7</u></p> <p>7. Total fees (37 CFR 2.41).....\$ <u>190</u></p> <p><input type="checkbox"/> Enclosed <input checked="" type="checkbox"/> Authorized to be charged to deposit account</p> <p>Deposit account number: <u>01-1125</u></p> <p>(Attach duplicate copy of this page if paying by deposit account)</p>
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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.

David A. Cohen  7/28/98
Name of Person Signing Signature Date

Total number of pages including cover sheet, attachments, and document: 4

Mail documents to be recorded with required cover sheet information to:
Assistant Commissioner for Trademarks
BOX ASSIGNMENTS
2900 Crystal Drive
Arlington, VA 22202-3813

Poms Corporation Trademark Schedule

Trademark	Registration No.
PATM	2,063,134
FAST-TRACK APPLICATION INSTALLATION METHOD	2,115,385
INCODE	1,688,837
LEITSTAND	1,791,331
POMS	1,639,556
PROCEDUREWARE	2,062,519
SOMS	1,884,701