

D18

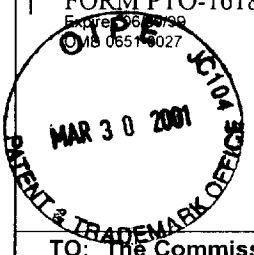
04-06-2001

FORM PTO-1618A

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



101656553



### RECORDATION FORM COVER SHEET TRADEMARKS ONLY

3-30-01

TO: The Commissioner of Patents and Trademarks: Please record the attached original document(s) or copy(ies).

<b>Submission Type</b>		<b>Conveyance Type</b>	
<input checked="" type="checkbox"/> New	<input type="checkbox"/> Resubmission (Non-Recordation) Document ID # _____	<input checked="" type="checkbox"/> Assignment	<input type="checkbox"/> License
<input type="checkbox"/> Correction of PTO Error Reel # _____ Frame # _____	<input type="checkbox"/> Corrective Document Reel # _____ Frame # _____	<input type="checkbox"/> Security Agreement	<input type="checkbox"/> Nunc Pro Tunc Assignment Effective Date Month Day Year _____
		<input type="checkbox"/> Merger	
		<input type="checkbox"/> Change of Name	
		<input type="checkbox"/> Other _____	

**Conveying Party**  Mark if additional names of conveying parties

Name  Execution Date

Formerly

Individual  General Partnership  Limited Partnership  Corporation  Association

Other \_\_\_\_\_

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

1789744

**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  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

FOR OFFICE USE ONLY

04/05/2001 GT0N11 00000077 1789244  
01 FC:481 40.00 DP

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: 002265 FRAME: 0122

**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="1789244"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<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.

John F.A. Earley III

03/27/01

Name of Person Signing

Signature

Date Signed

**TRADEMARK ASSIGNMENT**


WHEREAS, C. Scott Bruder, dba Public Safety Systems, an individual with an address at P.O. Box 6009, N. Augusta, SC 29861, has adopted, used, and is using the trademark A.L.E.R.T. AUTOMATED LAW ENFORCEMENT RECORD TRACKING for computer software for law enforcement record tracking, U.S. Registration No. 1,789,244 registered on August 24, 1993; and

WHEREAS, Metro Technology Services, Inc., a Pennsylvania corporation, with an address at 1410 Russell Road, Suite 100, Paoli, Pennsylvania 19301, is desirous of acquiring said mark and the registration therefor;

NOW, THEREFORE, for good and valuable consideration, receipt of which is hereby acknowledged, intending to be legally bound, C. Scott Bruder, dba Public Safety Systems, does hereby assign until the Metro Technology Services, Inc., all rights, title and interest in and to said mark and the registration therefor, together with the good will of the business symbolized by the mark, and together with all claims for past infringement of said trademark and all sums that may be recovered for past infringement thereof.

METRO TECHNOLOGY  
SERVICES, INC.

By: \_\_\_\_\_  
Anthony J. Iannacone  
President

By:  \_\_\_\_\_  
C. Scott Bruder, dba  
Public Safety Systems

Date: \_\_\_\_\_

Date: 3/2/2001 \_\_\_\_\_

A:\Metro Technology\cancel\965\trademark assignment