

Expires 06/30/99
OMB 0651-0027



101681258

RECORDATION FORM COVER SHEET
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 # 002173 Frame # 0374

Conveyance Type

- Assignment
- Security Agreement
- Merger
- Change of Name
- Other _____
- License
- Nunc Pro Tunc Assignment
Effective Date
Month Day Year _____

Conveying Party

Mark if additional names of conveying parties attached

Execution Date
Month Day Year

Name ISG E-CRM ACQUISITION COMPANY, INC.

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 RELIZON e-CRM COMPANY, THE

DBA/KA/TA _____

Composed of _____

Address (line 1) ONE REYNOLDS WAY

Address (line 2) _____

Address (line 3) Kettering
City

Ohio
State/County

45402
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 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 415-777-3999

Name Sarah Cunniff, Esq.

Address (line 1) Steinhart & Falconer LLP

Address (line 2) 333 Market Street, Suite 3200

Address (line 3) San Francisco, California 94105

Address (line 4) _____

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

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. # 2

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.)

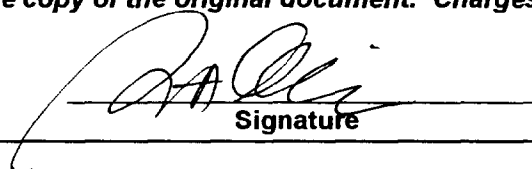
Deposit Account Number: # 19-4215

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.

Sarah Cunniff
Name of Person Signing



April 3, 2001
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

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Registration Number(s)

_____	_____
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_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

11-14-2000



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Month Day Year
09132000

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11/14/00 MAIL
00000004 194215 75094003
40.00 CH
200.00 CH

TRADEMARK

REEL: 002274 FRAME: 0051

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

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Address (line 4) _____

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Statement and Signature

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Ivette Goldfrank
Name of Person Signing

Ivette Goldfrank
Signature

October 19, 2000
Date Signed

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CONTINUATION
TRADEMARKS ONLY

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Execution Date
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Name _____

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Other _____

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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