

04-17-2002



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Form PTO-1594 (Rev. 03/01) OMB No. 0651-0027 (exp. 5/31/2002)

U.S. DEPARTMENT OF COMMERCE U.S. Patent and Trademark Office

Tab settings

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

1. Name of conveying party(ies): DCSE, INC. 26980 Crown Valley Parkway Mission Viejo, CA 92691

2. Name and address of receiving party(ies) Name: Telelogic AB Internal Address: Street Address: P.O. Box 4128 City: Malmo State: SWEDEN Zip: SE-203-32

Additional name(s) of conveying party(ies) attached? Yes No

3. Nature of conveyance: Assignment Merger Security Agreement Change of Name Other UCC-1 Filing (Re Security Interest)

Individual(s) citizenship Association General Partnership Limited Partnership Corporation-State Other Swedish Corporation

Execution Date: June 6, 2001

If assignee is not domiciled in the United States, a domestic representative designation is attached: Yes No

4. Application number(s) or registration number(s): A. Trademark Application No.(s)

B. Trademark Registration No.(s) 2, 269, 688 2, 276, 518 2, 365, 367

Additional number(s) attached Yes No

5. Name and address of party to whom correspondence concerning document should be mailed: Name: Sylvia Burks, Esq.

6. Total number of applications and registrations involved: 3

Internal Address: Coudert Brothers LLP

7. Total fee (37 CFR 3.41): \$ 90.00

Street Address: 530 Lytton Avenue Suite 300 City: Palo Alto State: CA Zip: 94301

Enclosed Authorized to be charged to deposit account

8. Deposit account number: (Attach duplicate copy of this page if paying by deposit account)

DO NOT USE THIS SPACE

9. 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.

Ali Diba Name of Person Signing

Signature

10-23-01 Date

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

Mail documents to be recorded with required cover sheet information to: Commissioner of Patent & Trademarks, Box Assignments Washington, D.C. 20231

TRADEMARK REEL: 002484 FRAME: 0987

2, 269, 688

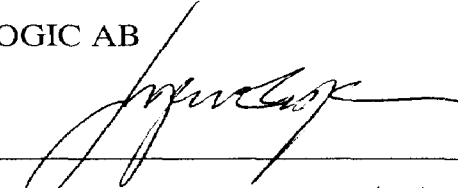
**DESIGNATION OF DOMESTIC REPRESENTATIVE**

Ms. Angela Piazza, whose postal address is Telelogic North America Inc., 9401 Jeronimo Road, Irvine, CA 92618, U.S.A., telephone number (949) 885-2544 is hereby designated Applicant's representative upon whom notices or process in proceedings affecting the mark may be served.

Date: January 1, 2002

TELELOGIC AB

By:

  
\_\_\_\_\_  
Arneomar Ljungdahl, CTU  
Print Name and Title

**CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT**

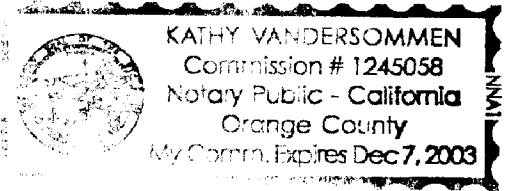
State of California }  
County of Orange } ss.

On October 23, 2001 before me Kathy Vandersommen, Notary Public  
Date Name and Title of Officer (e.g., "Jane Doe, Notary Public")

personally appeared Ali Tabatabaieidiba  
Name(s) of Signer(s)

personally known to me  
 proved to me on the basis of satisfactory evidence

to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.



WITNESS my hand and official seal.

Kathy Vandersommen  
Signature of Notary Public

**OPTIONAL**

*Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.*

**Description of Attached Document**

Title or Type of Document: Recordation form for trademarks PTO-1594

Document Date: October 23, 2001 Number of Pages: \_\_\_\_\_

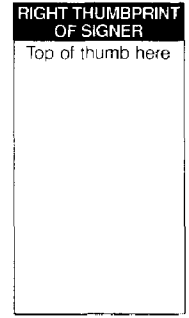
Signer(s) Other Than Named Above: N/A

**Capacity(ies) Claimed by Signer**

Signer's Name: \_\_\_\_\_

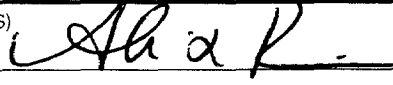
- Individual
- Corporate Officer — Title(s): \_\_\_\_\_
- Partner —  Limited  General
- Attorney-in-Fact
- Trustee
- Guardian or Conservator
- Other: \_\_\_\_\_

Signer Is Representing: \_\_\_\_\_



**FINANCING STATEMENT – FOLLOW INSTRUCTIONS CAREFULLY**

This Financing Statement is presented for filing pursuant to the Uniform Commercial Code and will remain effective, with certain exceptions, for 5 years from date of filing.

A. NAME & TEL. # OF CONTACT AT FILER (optional)		B. FILING OFFICE ACCT. # (optional)	
C. RETURN COPY TO: (Name and Mailing Address) Sylvia K. Burks Coudert Brothers 530 Lytton Avenue, Suite 300 Palo Alto, CA 94301			
D. OPTIONAL DESIGNATION (if applicable): <input type="checkbox"/> LESSOR/LESSEE <input type="checkbox"/> CONSIGNOR/CONSIGNEE <input type="checkbox"/> NON-UCC FILING			
1. DEBTOR'S EXACT FULL LEGAL NAME – insert only one debtor name (1a or 1b)			
OR			
1a. ENTITY'S NAME DCSE, Inc.			
1b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME SUFFIX
1c. MAILING ADDRESS 26980 Crown Valley Parkway		CITY Mission Viejo	STATE COUNTRY POSTAL CODE CA USA 92691
1d. S.S. OR TAX I.D.# 33-0868701	OPTIONAL ADD'NL INFO RE ENTITY DEBTOR	1e. TYPE OF ENTITY Corporation	1f. ENTITY'S STATE OR COUNTRY OF ORGANIZATION California 1g. ENTITY'S ORGANIZATIONAL I.D.#, if any 2028497 <input type="checkbox"/> NONE
2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME – insert only one debtor name (2a or 2b)			
OR			
2a. ENTITY'S NAME			
2b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME SUFFIX
2c. MAILING ADDRESS		CITY	STATE COUNTRY POSTAL CODE
2d. S.S. OR TAX I.D.#	OPTIONAL ADD'NL INFO RE ENTITY DEBTOR	2e. TYPE OF ENTITY	2f. ENTITY'S STATE OR COUNTRY OF ORGANIZATION 2g. ENTITY'S ORGANIZATIONAL I.D.#, if any <input type="checkbox"/> NONE
3. SECURED PARTY'S (ORIGINAL S/P or ITS TOTAL ASSIGNEE) EXACT FULL LEGAL NAME – insert only one secured party name (3a or 3b)			
OR			
3a. ENTITY'S NAME Telelogic AB			
3b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME SUFFIX
3c. MAILING ADDRESS PO Box 4128		CITY Malmö	STATE COUNTRY POSTAL CODE Sweden SE-203 12
4. This FINANCING STATEMENT covers the following types or items of property:  The property consists of the following trademarks: "Pagoda" USPTO Reg. No. 2,269,688; "Pagoda" USPTC Reg. No. 2,276,518 and "CKO" USPTO Reg. No. 2,365,367.			
5. CHECK BOX <input type="checkbox"/> (if applicable)		This FINANCING STATEMENT is signed by the Secured Party instead of the Debtor to perfect a security interest (a) in collateral already subject to a security interest in another jurisdiction when it was brought into this state, or when the debtor's location was changed to this state, or (b) in accordance with other statutory provisions (additional data may be required)	
		7. If filed in Florida (check one) <input type="checkbox"/> Documentary stamp tax paid <input type="checkbox"/> Documentary stamp tax not applicable	
6. REQUIRED SIGNATURE(S)  DCSE, Inc.		8. <input type="checkbox"/> This FINANCING STATEMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS Attach Addendum (if applicable)	
		9. Check to REQUEST SEARCH CERTIFICATE(S) on Debtor(s) [ADDITIONAL FEE] (optional) <input type="checkbox"/> All Debtors <input type="checkbox"/> Debtor 1 <input type="checkbox"/> Debtor 2	