TO.	THE ASSISTANT COMMISSIONER OF F	10238513	8	attached original documents or copy thereof.		
1.	Name of conveying party(ies): (If multiple assigned numerically)	ors, list	2. N	ame and address of receiving party(ies):		
	KNOBBE, MARTENS, OLSON & BEAR, LLP () Individual () Association () General Partnership (X) Limited Partnership () Corporation – State () Other: Additional name(s) of conveying party(ies) attache () Yes (X) No	ı	In S C C (((((((((((((((((ame: INDX SOFTWARE CORPORATION Internal Address: Suite 200 Irreet Address: 6 Journey Ity: Aliso Viejo State: CA ZIP: 92656-5318 Individual Association General Partnership Limited Partnership X) Corporation – State California Other: Individual General Partnership General Partnership General Partnership General Partnership General Partnership The California Other: Individual General Partnership General Partnership The California Other: Individual General Partnership The California Other General Partnership The California O		
				gnations must be a separate document from Assignment) ional name(s) and address(es) attached () Yes (X) No		
3.	Nature of conveyance:	2	ł. A	pplication number(s) or registration number(s):		
	 () Assignment () Merger () Security Agreement () Change of Name (X) Other: Termination of Security Interest Execution Date: (If multiple assignors, list executes in numerical order corresponding to numbers indexected and pove) January 27, 2003 	tion z icated in	a. b. Additi	Trademark Application No(s): 75/567,778 Trademark Registration No(s): ional numbers attached? (X) Yes () No		
	-					
5.	Name and address of party to whom correspondent concerning document should be mailed: Name: James B. Bear KNOBBE, MARTENS, OLSON & BEAR, I Customer No. 20,995	(otal fee (37 CFR 1.21(h)): \$165.00 Enclosed Authorized to be charged to deposit account		
	Internal Address: Fourteenth Floor Street Address: 2040 Main Street	8	3. D	eposit account number: 11-1410		
	City: Irvine State: CA ZIP: 92614 Attorney's Docket No.: INDXCOR.UCC3		Please charge this account for any additional fees which may be required, or credit any overpayment to this account.			
6.	fotal number of applications and registrations inv	olved: 6				
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.

James B. Bear

Name of Person Signing

Signature

Total number of pages including cover sheet, attachments and document: 3

Mail documents to be recorded with required cover sheet information to:

03/11/2003 TDIAZ1

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U.S. Patent and Trademark Office Attn: Assignment Division Crystal Gateway-4 1213 Jefferson Davis Highway, Suite 320 Arlington, VA 22202

> **TRADEMARK** REEL: 002686 FRAME: 0484

Trademark Status Report

Case Number	Trademark Name	Class	Country	Status	Application Number	Filing Date	Reg Number	Reg Date Renewal	Renewal Date
INDXCOR.003T	INDX HQ	9	sn	Abandoned	75/567718	10/9/98			
INDXCOR.004T	ХНО	9	SO	Registered	75/567260	10/9/98	2359432	6/20/00	6/20/10
INDXCOR.005T	THE VISUAL ENTERPRISE	9	US	Published	75/567786	10/9/98			
INDXCOR.007T	INDX	9	US	Registered	75/623267	1/19/99	2468241	7/10/01	7/10/11
INDXCOR.008T	X (STYLIZED)	9	US	Published	75/633396	2/3/99			
INDXCOR.010T	INDX.COM	9	US	Abandoned	75/693119	4/28/99			

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UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY	
A. NAME & PHONE OF CONTACT AT FILER footional?	
Cristina Diaz 949-721-5263 B. SEND ACKNOWLEDGMENT TO: (Name and Address)	
· —	
Knobbe, Martens, Olson & Bear, LI	ıΡ
Attn: Cristina Diaz	
2040 Main Street	
14th Floor	
Irvine, Ca 92614	
1	



SACRAMENTO, CA

2040 Main Street			JA	N 27, 200	3 AT 170
14th Floor				KEVIN SH	
Irvine, Ca 92614			:	SECRETARY (
L	j				
		THE ABOVE SPA		NG OFFICE USE O	
INITIAL FINANCING STATEMENT FILE #			to be filed [ICING STATEMENT A for record] (or recorde	
▼ TERMINATION: Effectiveness of the Financing Statement Identified above	is torminated with ma	most to somethy internation of the Co		ATE RECORDS.	Cintomoni
CONTINUATION: Effectiveness of the Financing Statement identified above					
continued for the additional period provided by applicable law.	ove will respect to s	ecomy interest(s) or the pectreur	and actionizing t	nis Conditionation State	mont is
ASSIGNMENT (full or partial): Give name of assignee in Item 7a or 7b and	l address of assignee	in item 7c; and also give name of a	ssignor in item 9.		
	U	ed Party of record. Check only one	of these two box	es.	
Also check one of the following three boxes and provide appropriate information in CHANGE name and/or address: Give current record name in item 6a or 6b; al		DELETE name: Give record name	MADD norm	e: Complete item 7s o	7h and also
name (if name change) in item 7a or 7b and/or new address (if address change	e) in item 7c.	to be deleted in item 6a or 6b.	item 7c; a	e: Complete item 7a o Iso complete items 7d-	7g (if applicable
CURRENT RECORD INFORMATION: [6a. ORGANIZATION'S NAME					
DE ONGANIZATION S NAME					
GB. INDIVIDUAL'S LAST NAME	FIRST NAME		IMIDDLE NAME		SUFFIX
CHANGED (NEW) OR ADDED INFORMATION:			L		
78. ORGANIZATION'S NAME					
76. INDIVIDUAL'S LAST NAME	FIRST NAME		MIDDLE NAME		SUFFIX
MAILING ADDRESS	СПҮ		STATE POST	TAL CODE	COUNTRY
			ll		}
TAX ID #: SSN OR EIN ADD'L INFO RE 76. TYPE OF ORGANIZATION ORGANIZATION	7f. JURISDICTIO	ON OF ORGANIZATION	7g. ORGANIZAT	FIONAL ID #, if any	
DEBTOR					NO
AMENDMENT (COLLATERAL CHANGE): check only one box.		-			
Describe collateraldeleted oradded, or give entirerestated collate	eral description, or d	lescribe collateralassigned.			
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NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS A	MENDMENT (name	of assignor, if this is an Assignmen	it). If this is an Am	endment authorized by	a Debtor which
adds collateral or adds the authorizing Debtor, or if this is a Termination authorize	•		•		
9a. ORGANIZATION'S NAME					
Knobbe, Martens, Olson & Bea	r, LLP				
96. INDIVIDUAL'S LAST NAME	FIRST NAME		MIDDLE NAME		SUFFIX
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,	THO MANE				SUFFIX
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