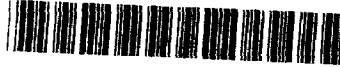


11-18-2004



FORM PTO-1594

RE



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

102810382

To the Honorable Commissioner of Patents and Trademarks, U.S. Patent and Trademark Office, Washington, D.C. 20514, and original documents or copy thereof.

1. Name of conveying party(ies):
Insolvency Services Group, Inc.
Entity: Corporation of California
Additional name(s) of conveying party(ies) attached?
 Yes No

2. Name and address of receiving party(ies):
Name: Education Experiences, Inc.
Address: Suite 200
2459 West 208th Street
Torrance, CA 90501

3. Nature of conveyance:
 Assignment Merger
 Security Agreement Change of Name
 Other To correct an error in a cover sheet recorded previously at reel/frame: 002837/0747 in the name of the Assignee
Date: April 14, 2004

Entity: Corporation of California
If assignee is not domiciled in the United States, an appointment of domestic representative is attached: Yes No
Additional name(s) & address(es) attached: Yes No

4. Application or Registration number(s):
A. Trademark Application No.(s) B: Trademark Registration No.(s)
See Attached Schedule A
Additional numbers attached? Yes No

5. Name and address of party to whom correspondence concerning document should be mailed:
Please send the recorded assignment back by e-mail to pmcbride@sonnenschein.com or by fax to 312/876-7934 to the attention of:
Peggy L. McBride, Trademark Paralegal
SONNENSCHN NATH & ROSENTHAL LLP
P.O. Box 061080
Wacker Drive Station, Sears Tower
Chicago, IL 60606-1080
Ref. No(s): 50053940-0002

6. Total number of trademark applications and registrations involved: 28
7. Total Fee (37 CFR 3.41) \$715.00
Authorization is given to charge the deposit account for the above fee and any additional fees required or to credit any overpayment.
8. Deposit Account Number: 19-3140
Charge Fee

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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.
Peggy L. McBride *Peggy L. McBride* September 1, 2004
Name of Person Signing Signature Date

Total number of pages including cover sheet and attached documents:

Mail documents to be recorded and required cover sheet information to:
By Fax: 703/306-5995
Commissioner of Patents and Trademarks
Box Assignments
Washington, D.C. 20231

SCHEDULE A

<u>Mark</u>	<u>Registration Number</u>	<u>Registration Date</u>	<u>Class</u>
DevelopMentor	2,396,301	October 17, 2000	9
DevelopMentor	2,297,778	December 7, 1999	16
DevelopMentor	2,305,642	January 4, 2000	25
DevelopMentor	2,269,017	August 10, 1999	41
DevelopMentor	2,390,327	September 26, 2000	9
DevelopMentor	2,295,551	November 30, 1999	16
DevelopMentor	2,303,767	December 28, 1999	25
DevelopMentor	2,272,155	August 24, 1999	41
Paper Airplane Design	2,775,921	June 23, 2003	9
Paper Airplane Design	2,328,124	March 14, 2000	16
Paper Airplane Design	2,516,079	December 11, 2001	25
Paper Airplane Design	2,315,755	February 8, 2000	41
Upside down Paper Airplane	2,663,542	December 17, 2002	9
Upside down Paper Airplane	2,320,575	February 22, 2000	16
Upside down Paper Airplane	2,323,260	February 29, 2000	41
Paper Airplane Design	2,320,576	February 22, 2000	16
Paper Airplane Design	2,369,930	July 25, 2000	25
Paper Airplane Design	2,320,574	February 22, 2000	41
Guerrilla Com	2,404,638	November 14, 2000	9
Guerrilla Com	2,305,643	January 4, 2000	16
Guerrilla Com	2,267,226	August 3, 1999	41
Guerrilla VB	2,404,639	November 14, 2000	9
Guerrilla VB	2,307,179	January 11, 2000	16
Guerrilla VB	2,267,225	August 3, 1999	41
Com is Love	2,508,746	November 20, 2001	25
Com is Love	2,514,045	December 4, 2001	16
Bugle Boy Design	2,408,662	November 28, 2000	16
Bugle Boy Design	2,408,663	November 28, 2000	41

Form PTO-1594 (Rev. 10/02) OMB No. 0851-0027 (exp. 6/30/2005) Tab settings <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		REGISTRATION FORM COVER SHEET TRADEMARKS ONLY		U.S. DEPARTMENT OF COMMERCE U.S. Patent and Trademark Office	
To the Honorable Commissioner of Patents and Trademarks: Please record the attached original documents or copy thereof.					
1. Name of conveying party(ies): <u>Insolvency Services Group, Inc.</u> <input type="checkbox"/> Individual(s) <input type="checkbox"/> Association <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership <input checked="" type="checkbox"/> Corporation- <u>California</u> <input type="checkbox"/> Other _____			2. Name and address of receiving party(ies) Name: <u>Educational Experiences Inc.</u> Internal Address: <u>Suite 200</u> Street Address: <u>2459 West 208th Street</u> City: <u>Torrance</u> State: <u>CA</u> Zip: <u>90501</u> <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 <u>California</u> <input type="checkbox"/> Other _____		
Additional name(s) of conveying party(ies) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			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) Additional name(s) & address(es) attached? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
3. Nature of conveyance: <input checked="" type="checkbox"/> Assignment <input type="checkbox"/> Merger <input type="checkbox"/> Security Agreement <input type="checkbox"/> Change of Name <input type="checkbox"/> Other _____ Execution Date: <u>April 14, 2004</u>					
4. Application number(s) or registration number(s): A. Trademark Application No. (s) Additional number(s) attached <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			B. Trademark Registration No.(s) <u>See Schedule A</u>		
5. Name and address of party to whom correspondence concerning document should be mailed: Name: <u>Mei Tsang</u> Internal Address: _____ <u>Sonnenschein Nath & Rosenthal LLP</u> <u>P.O. Box #061080</u> Street Address: <u>Wacker Drive Station</u> <u>Sears Tower</u> City: <u>Chicago</u> State: <u>IL</u> Zip: <u>60606</u>			6. Total number of applications and registrations involved: <input type="checkbox"/> 28		
			7. Total fee (37 CFR 3.41)..... \$715.00 <input type="checkbox"/> Enclosed <input checked="" type="checkbox"/> Authorized to be charged to deposit account		
			8. Deposit account number: <u>19-3140</u> (Attach duplicate copy of this page if paying by deposit account)		
DO NOT USE THIS SPACE					
9. Statement and signature. <i>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.</i> <u>Mei Tsang</u>  <u>April 21, 2004</u> Name of Person Signing Signature Date					
Total number of pages including cover sheet, statements, and document: <input type="checkbox"/>					

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