

## TRADEMARK ASSIGNMENT

Electronic Version v1.1

Stylesheet Version v1.1

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	SECURITY INTEREST		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
Harris Williams & Co.		03/28/2005	CORPORATION: VIRGINIA
RECEIVING PARTY DATA			
Name:	CapitalSource Finance LLC		
Street Address:	4445 Willard Avenue, 12th Floor		
City:	Chevy Chase		
State/Country:	MARYLAND		
Postal Code:	20815-3692		
Entity Type:	Limited liability company: DELAWARE		
PROPERTY NUMBERS Total: 1			
Property Type	Number	Word Mark	
Serial Number:	78625737	HARRIS WILLIAMS & CO. MIDDLE MARKET	
CORRESPONDENCE DATA			
Fax Number:	(804)644-0957		
<i>Correspondence will be sent via US Mail when the fax attempt is unsuccessful.</i>			
Phone:	(804) 771-9500		
Email:	dlionberger@hf-law.com		
Correspondent Name:	David S. Lionberger, Esquire		
Address Line 1:	Hirschler Fleischer		
Address Line 2:	P.O. Box 500		
Address Line 4:	Richmond, VIRGINIA 23218-0500		
NAME OF SUBMITTER:	David S. Lionberger		
Signature:	/dsl39625/		
Date:	05/25/2005		
Total Attachments: 1			

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TRADEMARK  
REEL: 003091 FRAME: 0530

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**COPY**  
 4/21/05 - 5 PM 3:03  
 CLERK'S OFFICE

**UCC FINANCING STATEMENT**

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER (optional)	
8006213216	
B. SEND ACKNOWLEDGMENT TO: (Name and Address)	
COLUMBUS UCC TEAM I 17 South High Street Columbus, OH 43215	
CT Lien Ref #: 261682 Filed with: VA:State Corporation Commission	

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

**1 DEBTOR'S EXACT FULL LEGAL NAME - Insert only one debtor name (1a or 1b) - do not abbreviate or combine names**

1a. ORGANIZATION'S NAME Harris Williams & Co.				
OR				
1b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX
1c. MAILING ADDRESS 707 East Main Street		CITY Richmond	STATE VA	POSTAL CODE 23219
1d. TAX ID #: SSN OR EIN		1e. TYPE OF ORGANIZATION Corporation	1f. JURISDICTION OF ORGANIZATION Virginia	
ADDL INFO RE ORGANIZATION DEBTOR		1g. ORGANIZATIONAL ID #, if any		NONE
		0376806-6		

**2 ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - Insert only one debtor name (2a or 2b) - do not abbreviate or combine names**

2a. ORGANIZATION'S NAME				
OR				
2b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX
2c. MAILING ADDRESS		CITY	STATE	POSTAL CODE
2d. TAX ID #: SSN OR EIN		2e. TYPE OF ORGANIZATION	2f. JURISDICTION OF ORGANIZATION	
ADDL INFO RE ORGANIZATION DEBTOR		2g. ORGANIZATIONAL ID #, if any		NONE

**3 SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) - Insert only one secured party name (3a or 3b)**

3a. ORGANIZATION'S NAME CapitalSource Finance LLC, as Agent				
OR				
3b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX
3c. MAILING ADDRESS 4445 Willard Avenue, 12th Floor		CITY Chevy Chase	STATE MD	POSTAL CODE 20815
				COUNTRY US

4 This FINANCING STATEMENT covers the following collateral:  
 ALL ASSETS OF THE DEBTOR NOW OWNED OR EXISTING AND HEREAFTER ACQUIRED OR ARISING, INCLUDING, WITHOUT LIMITATION,  
 ALL NOW OWNED OR EXISTING AND HEREAFTER ACQUIRED OR ARISING ACCOUNTS, CHATTEL PAPER (INCLUDING ELECTRONIC  
 CHATTEL PAPER AND TANGIBLE CHATTEL PAPER), CONTRACTS, DEPOSIT ACCOUNTS, COMMERCIAL TORT CLAIMS, DOCUMENTS,  
 EQUIPMENT, GENERAL INTANGIBLES (INCLUDING PAYMENT INTANGIBLES AND SOFTWARE), GOODS, HEALTH-CARE-INSURANCE  
 RECEIVABLES, INSTRUMENTS, INVENTORY, INVESTMENT PROPERTY, BOOKS AND RECORDS, LETTER OF CREDIT RIGHTS AND  
 SUPPORTING OBLIGATIONS AND RECORDS, IN EACH CASE WHERESOEVER LOCATED, TOGETHER WITH ALL ACCESSIONS TO,  
 SUBSTITUTIONS FOR AND REPLACEMENTS, PRODUCTS AND PROCEEDS OF ALL OF THE FOREGOING

5. ALTERNATIVE DESIGNATION (if applicable):	LESSEE/LESSOR	CONSIGNEE/CONSIGNOR	BAILEE/BAILOR	SELLER/BUYER	AG. LIEN	NON-UCC FILING
6. This FINANCING STATEMENT is to be filed (or recorded) in the REAL ESTATE RECORDS. Attach Addendum if applicable.	7. Check to REQUEST SEARCH REPORT(S) on Debtor(s) (look on)		All Debtors Debtor 1 Debtor 2			
8. OPTIONAL FILER REFERENCE DATA						

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TRADEMARK

RECORDED: 05/25/2005

REEL: 003091 FRAME: 0532