

RECORDATION FORM COVER SHEET TRADEMARKS ONLY

To the Director of the U. S. Patent and Trademark Office: Please record the attached documents or the new address(es) below.

1. Name of conveying party(ies):

Fleet Capital Corporation

- Individual(s)
- General Partnership
- Corporation- State: Rhode Island
- Other _____
- Association
- Limited Partnership

Citizenship (see guidelines) _____

Additional names of conveying parties attached? Yes No

3. Nature of conveyance)/Execution Date(s) :

Execution Date(s) 01/15/03

- Assignment
- Security Agreement
- Other Release of Security Interest
- Merger
- Change of Name

2. Name and address of receiving party(ies)

Additional names, addresses, or citizenship attached? Yes No

Name: Trek Diagnostic Systems, Inc.

Internal

Address: _____

Street Address: 982 Keystone Circle

City: Cleveland

State: OH

Country: USA Zip: 44131

- Association Citizenship _____
- General Partnership Citizenship _____
- Limited Partnership Citizenship _____
- Corporation Citizenship Delaware
- Other _____ Citizenship _____

If assignee is not domiciled in the United States, a domestic representative designation is attached: Yes No
(Designations must be a separate document from assignment)

4. Application number(s) or registration number(s) and identification or description of the Trademark.

A. Trademark Application No.(s)

B. Trademark Registration No.(s)

2,310,829; 2,301,646; 1,808,441; 1,794,215; 2,337,361;
2,369,901; 2,277,753

Additional sheet(s) attached? Yes No

C. Identification or Description of Trademark(s) (and Filing Date if Application or Registration Number is unknown):

5. Name & address of party to whom correspondence concerning document should be mailed:

Name: James R. Mix

Internal Address: Jones Day

Street Address: 901 Lakeside Avenue

City: Cleveland

State: OH Zip: 44114

Phone Number: 216-586-3939

Fax Number: 216-579-0112

Email Address: jmix@jonesday.com

6. Total number of applications and registrations involved:

7

7. Total fee (37 CFR 2.6(b)(6) & 3.41) \$ 190.00

- Authorized to be charged by credit card
- Authorized to be charged to deposit account
- Enclosed

8. Payment Information:

a. Credit Card Last 4 Numbers _____
Expiration Date _____

b. Deposit Account Number 50-1432

Authorized User Name James R. Mix

9. Signature:


Signature

4/27/05
Date

James R. Mix (Int. Billing Ref: 381209 615001)

Name of Person Signing

Total number of pages including cover sheet, attachments, and document: **2**

Documents to be recorded (including cover sheet) should be faxed to (703) 306-5995, or mailed to:
Mail Stop Assignment Recordation Services, Director of the USPTO, P.O. Box 1460, Alexandria, VA 22313-1460

RELEASE

The undersigned Michael Scolaro, Senior Vice President of Fleet Capital Corporation ("Lender"), acknowledges that Trek Diagnostic Systems, Inc. (hereinafter referred to as "Borrower") has paid in full the Loan and Security Agreement, as amended from time to time, to Lender on September 27, 2000, and that, in consideration thereof, all liens and security interests of any kind to Lender on and in any and all of the property of Borrower and its subsidiaries, shall be deemed to be released and terminated.

Sincerely,

Fleet Capital Corporation

By: 

Name: Michael W. Scolaro

Title: Senior Vice President

Date: 1-15-03