FORM PTO-1594

RECC

05-05-2005



U.S. DEPARTMENT OF COMMERCE

To the Honorable Commissioner of Patents and Trademarks: Plasses record the attached original documents or copy thereof.  1. Name of conveying party(ies):    Name of conveying party(ies):   Sillicon Valley Bank	To the Honorable Commissioner of Patents and Trademarks: Please record the attached original documents or copy thereof.  1. Name of conveying party(les):  1. Name and address of receiving party(les):  1. Name PREMENOS CORP.  1. Name PREMENOS CORP	OMB No. 0651-0027 (exp. 05/3	(1/2002) (1/2002)	Patent and Trademark Of
To the Honorable Commissioner of Patents and Trademarks: Please record the attached original documents or copy thereof.  1. Name and address of receiving party(les): Silicon Valley Bank 3003 Tasman Drive-HA155 Santa Clara, CA 95054    Association   Association   City: CONCORD State: CA ZIP: 94520   Individual(s)   City: CONCORD State: CA ZIP: 94520   Individual(s) citizenship   Association   City: CONCORD State: CA ZIP: 94520   Individual(s) citizenship   Association   City: CONCORD State: CA ZIP: 94520   Assignment   Merger   Individual(s) citizenship   Association   General Partnership   Limited Partnership   Limited Partnership   Limited Partnership   Limited Partnership   Corporation-State   Other Release   Change of Name   Control of State   Control of State	To the Honosible Commissioner of Patents and Trademarks. Please record the attached original documents or copy thereof.  1. Name of conveying party(les):   Silicon Valley Bank	OND 110. 0001 0027 (0xp. 0075	10299	5953
1. Name of conveying party(les): Silicon Valley Bank 3003 Tasman Drive-H14155 Santa Clara, CA 99054    Individual(s)	1. Name of conveying party(les):    Silicon Valley Bank   Silicon	To the Honora	able Commissioner of Patents and Trademarks:	Please record the attached original documents or copy thereof.
Individual(s)	Individual(s)   Association   Association   Association   Ceneral Partnership   Corporation-State: Delaware   Other   Other	1. Name of conveying par Silicon Valley Bank 3003 Tasman Drive-HA1	ty(ies):	Name and address of receiving party(ies):     Name PREMENOS CORP     Internal Address:     ATTN GAYLE MITCHELLE
City: CONCORD State: CA ZIP: 94520	City: CONCORD   State: CA   ZIP: 94520	☐ General Partnership	☐ Limited Partnership	Street Address: 1000 BORNETT AVE STE 200
3. Nature of conveyance:    Assignment   Merger   Association   Association   General Partnership   Corporation-State   Corpo	3. Nature of conveyance:    Assignment   Merger   Association   Security Agreement   Change of Name   Limited Partnership   Limited	Additional name(s) of conveying party(ies) attached? ☐Yes ☒ No		City: CONCORD State: CA ZIP: 94520
Assignment   Merger   General Partnership	Assignment   Merger   Association   General Partnership   Limited Partnership   Limited Partnership   Limited Partnership   Corporation-State   Other   Security Agreement   Change of Name   Limited Partnership   Limited Partnership   Corporation-State   Other   Security Agreement   Security Additional numbers attached;   Yes ⊠ No   Security Additional numbers attached?   Yes W No   Security Additional numbers attached?   Yes W No   Security Additional numbers attached?   Yes W No   Security Additional numbers attached?	3. Nature of conveyance:		1
Security Agreement	Security Agreement	☐ Assignment ☐ Merger		☐ Association
Execution Date: 3-31-05	flassignee is not domicide in the United States, a domestic representate designation is statched:   Yes   No   Additional name(s) & address(es) attached?   Yes   No   No   No   No   No   No   No   N	•		☐ Limited Partnership ☐ Corporation-State
4. Application number(s) or registration number(s):  A. Trademark Application No.(s)  B. Trademark No.(s)  1647228 1647229 1647230  Additional numbers attached?  Yes No  5. Name and address of party to whom correspondence concerning document should be mailed:  Name: Silicon Valley Bank Internal Address: Loan Documentation HA155  Street Address: 3003 Tasman Dr.  City: Santa Clara State: Ca ZIP: 95054  8. Deposit account number:  (Attach duplicate copy of this page if paying by deposit account)  Av2005 DBYINE 0000065 1647228  DO NOT USE THIS SPACE	4. Application number(s) or registration number(s):  A. Trademark Application No.(s)  B. Trademark No.(s)  1647228  1647229  1647230  Additional numbers attached?  Yes No  5. Name and address of party to whom correspondence concerning document should be mailed:  Name: Silicon Valley Bank  nternal Address: Loan Documentation HA155  Street Address: 3003 Tasman Dr.  City: Santa Clara State: Ca ZIP: 95054  B. Deposit account number:  (Attach duplicate copy of this page if paying by deposit account)  7. Total fee (37 CFR 3.41): \$90.00  Enclosed  3. Deposit account number:  (Attach duplicate copy of this page if paying by deposit account)  7. Total fee (37 CFR 3.41): \$90.00  Enclosed  Do Not USE THIS SPACE  8. Deposit account number:  (Attach duplicate copy of this page if paying by deposit account)  7. Total fee (37 CFR 3.41): \$90.00  Enclosed  Do Not USE THIS SPACE  8. Deposit account number:  (Attach duplicate copy of this page if paying by deposit account)  2. Statement and signature.  3. Space  4. Spac			If assignee is not domiciled in the United States, a domestic represental designation is attached:   Yes  No
A. Trademark Application No.(s)    B. Trademark No.(s)	A. Trademark Application No.(s)    1647228	Execution Date: 3-31-05		Additional name(s) & address(es) attached?  Yes  No
1647228   1647229   1647230   1647	Additional numbers attached?	4. Application number(s) of	or registration number(s):	<b>9</b>
1647228   1647229   1647230   1647	Additional numbers attached?	A. Trademark Application	No.(s)	B. Trademark No.(s)
Additional numbers attached?	Additional numbers attached?			1647228
Additional numbers attached?	Additional numbers attached? Yes No  6. Total number of applications and registrations involved: 3  Name: Silicon Valley Bank  Internal Address: Loan Documentation HA155  Street Address: 3003 Tasman Dr.  City: Santa Clara State: Ca ZIP: 95054  B. Deposit account number:  (Attach duplicate copy of this page if paying by deposit account)  DO NOT USE THIS SPACE  Statement and signature.  For 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.  Anala Signature  3/31/05  Date			
Additional numbers attached? Yes No  5. Name and address of party to whom correspondence concerning document should be mailed:  Name: Silicon Valley Bank Internal Address: Loan Documentation HA155  Street Address: 3003 Tasman Dr.  City: Santa Clara State: Ca ZIP: 95054  8. Deposit account number:  (Attach duplicate copy of this page if paying by deposit account)  DO NOT USE THIS SPACE  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.	Additional numbers attached? Yes No  5. Name and address of party to whom correspondence concerning document should be mailed:  Name: Silicon Valley Bank  Name: Silicon Valley Bank  Neternal Address: Loan Documentation HA155  Street Address: 3003 Tasman Dr.  City: Santa Clara State: Ca ZIP: 95054  8. Deposit account number:  (Attach duplicate copy of this page if paying by deposit account)  1. 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.  3/31/05— Date			1647230
Additional numbers attached? Yes No  5. Name and address of party to whom correspondence concerning document should be mailed:  Name: Silicon Valley Bank Internal Address: Loan Documentation HA155  Street Address: 3003 Tasman Dr.  City: Santa Clara State: Ca ZIP: 95054  8. Deposit account number: (Attach duplicate copy of this page if paying by deposit account)  DO NOT USE THIS SPACE  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.	Additional numbers attached? Yes No  5. Name and address of party to whom correspondence concerning document should be mailed:  Name: Silicon Valley Bank  Internal Address: Loan Documentation HA155  Street Address: 3003 Tasman Dr.  City: Santa Clara State: Ca ZIP: 95054  B. Deposit account number:  (Attach duplicate copy of this page if paying by deposit account)  DO NOT USE THIS SPACE  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.  Authorized to be charged to deposit account number:  (Attach duplicate copy of this page if paying by deposit account)  DO NOT USE THIS SPACE  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.  Authorized to be charged to deposit account  B. Deposit account number:  (Attach duplicate copy of this page if paying by deposit account)  DO NOT USE THIS SPACE  3/31/05- Date			
Name: Silicon Valley Bank Internal Address: Loan Documentation HA155  Street Address: 3003 Tasman Dr.  City: Santa Clara  State: Ca  ZIP: 95054  8. Deposit account number: (Attach duplicate copy of this page if paying by deposit account)  DO NOT USE THIS SPACE  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.	Name: Silicon Valley Bank  Internal Address: Loan Documentation HA155  Street Address: 3003 Tasman Dr.  City: Santa Clara  State: Ca  ZIP: 95054  B. Deposit account number:  (Attach duplicate copy of this page if paying by deposit account)  DO NOT USE THIS SPACE  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.  Authorized to be charged to deposit account  B. Deposit account number:  (Attach duplicate copy of this page if paying by deposit account)  DO NOT USE THIS SPACE  3/31/05—  Signature  3/31/05—  Date		Additional numbers at	
Internal Address: Loan Documentation HA155  Street Address: 3003 Tasman Dr.  City: Santa Clara State: Ca ZIP: 95054  8. Deposit account number: (Attach duplicate copy of this page if paying by deposit account)  DO NOT USE THIS SPACE  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.	nternal Address: Loan Documentation HA155  Street Address: 3003 Tasman Dr.  City: Santa Clara State: Ca ZIP: 95054  8. Deposit account number: (Attach duplicate copy of this page if paying by deposit account)  DO NOT USE THIS SPACE  1. 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.  Signature 3/31/05− Date	5. Name and address of p concerning document sho	arty to whom correspondence uld be mailed:	6. Total number of applications and registrations involved: 3
Internal Address: Loan Documentation HA155  Street Address: 3003 Tasman Dr.  City: Santa Clara  State: Ca  ZIP: 95054  8. Deposit account number: (Attach duplicate copy of this page if paying by deposit account)  C:8521  C:8522  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.	Street Address: Joan Documentation HA155  Street Address: 3003 Tasman Dr.  City: Santa Clara State: Ca ZIP: 95054  8. Deposit account number: (Attach duplicate copy of this page if paying by deposit account)  DO NOT USE THIS SPACE  1. 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.  Signature Signing July 1. Signature Signing Signature S	Name: Silicon Valley Bar	nk	7. Total foo (27.CER 2.44); #00.00
City: Santa Clara  State: Ca  ZIP: 95054  8. Deposit account number: (Attach duplicate copy of this page if paying by deposit account)  DO NOT USE THIS SPACE  1.8521  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.	City: Santa Clara  State: Ca  ZIP: 95054  8. Deposit account number: (Attach duplicate copy of this page if paying by deposit account)  DO NOT USE THIS SPACE  18521  40.00 0P 50.00 0P  D. 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.  The second signing Signature Signature  3/31/05  Date	Internal Address: Loan Documentation HA155		☐ Enclosed \$7 CFR 3.41): \$90.00
8. Deposit account number: (Attach duplicate copy of this page if paying by deposit account)  DO NOT USE THIS SPACE  1.8521  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.	8. Deposit account number: (Attach duplicate copy of this page if paying by deposit account)  DO NOT USE THIS SPACE  18521 18522 1000 0P 1000		man Dr.	Authorized to be charged to deposit account
DO NOT USE THIS SPACE  1.8521  1.8522  DO NOT USE THIS SPACE  1.8522  DO NOT USE THIS SPACE  1.8522  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.	DO NOT USE THIS SPACE  18521 18522 20 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.  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.  The second signing Signing Signature Date			
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.	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.  Trishe Station  Signature  3/31/05  Date	4/2005 DBYRNE	(40.00 OP)	
	Trishe Sedito Juste Signature 3/31/05-	J	/	
Tr. She Scullo Name of Person Signing  Junko Jodello Signature  3/31/05- Date	Date Date	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.
		Trishe Scaling	Justa Signat	<u>dello</u> 3/31/05- ure Date

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

Commissioner of Patent & Trademarks, Box Assignments

Washington, D.C. 20231

**TRADEMARK REEL: 003156 FRAME: 0024** 

## RELEASE OF SECURITY AGREEMENT COVERING **INTERESTS IN TRADEMARKS**

Silicon Valley Bank ("Secured Party"), hereby releases its security interest in the interests of **Premenos Corp.** ("Assignor") in the trademarked works set forth in that certain **Intellectual** Property And Security Agreement dated, August 3, 1994, executed by Assignor in favor of Secured Party recorded with the United States Department of Commerce, Patent and Trademark Office on October 17, 1994, Reel 1228, Frame 0329.

Dated: March 31, 2005

SILICON VALLEY BANK

Title: Operations Experier

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RECORDED: 05/02/2005

**TRADEMARK** REEL: 003156 FRAME: 0025