

07-15-2005

Form PTO-1594 (Rev. 03/05)
OMB Collection 0651-0027 (exp. 6/30/2005)



DEPARTMENT OF COMMERCE
Patent and Trademark Office

7-13-05

RECORDED
TRADEMARKS ONLY
103041488

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):

Citigate Data Consulting LLC
d/b/a Citigate Financial
Intelligence

- Individual(s)
- General Partnership
- Corporation- State: _____
- Other LLC

Citizenship (see guidelines) _____

Additional names of conveying parties attached? Yes No

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

Execution Date(s) June 10, 2005

- Assignment
- Security Agreement
- Other _____
- Merger
- Change of Name

2. Name and address of receiving party(ies)

Additional names, addresses, or citizenship attached? Yes No

Name: CapitalBridge Inc.

Internal

Address: _____

Street Address: 111 River St., Suite 1001

City: Hoboken

State: NJ

Country: U.S. Zip: 07030

- Association
- General Partnership
- Limited Partnership
- Corporation
- 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)

78/520730

B. Trademark Registration No.(s)

Additional sheet(s) attached? Yes No

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

Suitability Scores

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

Name: Scott A. Lavin

Internal Address: _____

Street Address: 420 Lexington Avenue,
18 Floor

City: New York

State: NY Zip: 10170

Phone Number: 212-687-6262

Fax Number: 212-687-3667

Email Address: SLavin@Bartonesq.com

6. Total number of applications and registrations involved:

1

7. Total fee (37 CFR 2.6(b)(6) & 3.41) \$ 40

- 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 _____

Authorized User Name _____

OPR/
FINANCE
JUL 13 AM 11 23

40E

9. Signature:

Scott A. Lavin
Signature

7/8/05
Date

SCOTT A. LAVIN, ESQ.
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 1450, Alexandria, VA 22313-1450

07/14/2005 6TOM11 00000176 78520730

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TRADEMARK
REEL: 003192 FRAME: 0557

SUPPORTING DOCUMENTATION FOR TRADEMARK
CHANGE OF NAME DOCUMENTS IS

NO LONGER REQUIRED

UNDER THE

TRADEMARK LAW TREATY ACT

EFFECTIVE

OCTOBER 30, 1999