

05-03-2006

Form PTO-1594 (Rev. 07/05)
OMB Office of Management and Budget
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PARTMENT OF COMMERCE
Patent and Trademark Office

2006 MAY -1 AM 10:45

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

5-1-06

1. Name of conveying party(ies):

ALTA A/S

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

Citizenship (see guidelines)

Additional names of conveying parties attached? Yes No

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

Execution Date(s) 1/26/06

- 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: REDPRAIRIE A/S

Internal

Address: _____

Street Address: RYESGADE 3A, 1. TH

City: COPENHAGEN DK - 2200

State: _____

Country: DENMARK Zip: _____

- Association
- General Partnership
- Limited Partnership
- Corporation
- Other

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)

2,590,904 + 2,749,251

Additional sheet(s) attached? Yes No

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

POWERB20 + POWERBUILD2ORDER

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

Name: EMILY WIORKOWSKI

Internal Address: _____

Street Address: 20700 SWENSON DRIVE

City: WAUKESHA

State: WI Zip: 53186

Phone Number: (262)317-2369

Fax Number: (262)317-2005

Email Address: EMILY.WIORKOWSKI@REDPRAIRIE.COM

6. Total number of applications and registrations involved:

2

7. Total fee (37 CFR 2.6(b)(6) & 3.41) \$ 65.00

- 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 _____

Authorized User Name _____

9. Signature:

Laura L. Fese
Signature

4/27/06
Date

LAURA L. FESE
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 (671) 273-0140, or mailed to:
Mail Stop Assignment Recordation Services, Director of the USPTO, P.O. Box 1450, Alexandria, VA 22313-1450

05/02/2006 00000115 0390004

43.00

35.00

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TRADEMARK
REEL: 003343 FRAME: 0255

No documentation required for a Change of Name.