

**TRADEMARK ASSIGNMENT**

Electronic Version v1.1  
 Stylesheet Version v1.1

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	RELEASE BY SECURED PARTY

**CONVEYING PARTY DATA**

Name	Formerly	Execution Date	Entity Type
JPMORGAN CHASE BANK, N.A. AS SUCCESSOR BY MERGER TO BANK ONE, NA		04/05/2007	National Association:

**RECEIVING PARTY DATA**

Name:	Highsmith Inc.
Street Address:	W5527 Highway 106
City:	Fort Atkinson
State/Country:	WISCONSIN
Postal Code:	53538
Entity Type:	CORPORATION: WISCONSIN

**PROPERTY NUMBERS Total: 19**

Property Type	Number	Word Mark
Registration Number:	1138701	UPSTART
Registration Number:	1179379	PROFESSOR DAVENSTEEV
Registration Number:	1184968	
Registration Number:	1230109	LEARNING WELL
Registration Number:	1424677	LEARNING WELL
Registration Number:	1429089	LEARNING WELL
Registration Number:	1594166	HIGHSMITH
Registration Number:	1590847	HIGHSMITH
Registration Number:	1765834	CORRUBOARD
Registration Number:	1886423	UPSTART
Registration Number:	1989768	HIGHSMITH
Registration Number:	2056098	MINDSPARKS
Registration Number:	2598383	UPSTART

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Registration Number:	2594703	UPSTART
Registration Number:	2456048	MINDSPARKS
Registration Number:	2458121	THE BEST FIRST STOP!
Registration Number:	2382621	THE BEST FIRST STOP!
Registration Number:	2868493	EDUCATION WITH IMAGINATION
Registration Number:	2961675	EDUPRESS

**CORRESPONDENCE DATA**

Fax Number: (608)257-1507  
*Correspondence will be sent via US Mail when the fax attempt is unsuccessful.*  
Phone: (608) 257-7766  
Email: docket\_chussin@lathropclark.com  
Correspondent Name: Christopher J. Hussin  
Address Line 1: 740 Regent Street  
Address Line 2: Suite 400  
Address Line 4: Madison, WISCONSIN 53715

ATTORNEY DOCKET NUMBER:	HIGHSMIT-72
NAME OF SUBMITTER:	Christopher J. Hussin
Signature:	/chris hussin/
Date:	07/30/2007

Total Attachments: 1  
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**UCC FINANCING STATEMENT AMENDMENT**  
**FOLLOW INSTRUCTIONS (front and back) CAREFULLY**

Filing # - 070004782021

Filed - 04/05/2007 10:30 AM

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Wisconsin Department of  
 Financial Institutions

**A. NAME & PHONE OF CONTACT AT FILER (optional)**  
 Phone (800) 331-3282 Fax (818) 662-4141

**B. SEND ACKNOWLEDGEMENT TO: (Name and Mailing Address)** 13471 JPMORGAN CHASE

UCC Direct Services 10817119  
 P.O. Box 29071  
 Glendale, CA 91209-9071 WISC

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a. INITIAL FINANCING STATEMENT FILE # 040009313420 04-JUN-2004 SS WI

1b. This FINANCING STATEMENT AMENDMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS.

2.  **TERMINATION:** Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement.

3.  **CONTINUATION:** Effectiveness of the Financing Statement identified above with respect to the security interest(s) of the Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law.

4.  **ASSIGNMENT (full or partial):** Give name of assignee in item 7a or 7b and address of assignee in 7c; and also give name of assignor in item 9.

5. **AMENDMENT (PARTY INFORMATION):** This Amendment affects  Debtor or  Secured Party of record. Check only one of these two boxes.

Also check one of the following three boxes and provide appropriate information in items 6 and/or 7.

**CHANGE** name and/or address: Give current record name in item 6a or 6b; also give new name (if name change) in item 7a or 7b and/or new address (if address change) in item 7c.

**DELETE** name: Give record name to be deleted in item 6a or 6b.

**ADD** name: Complete item 7a or 7b, and also item 7c; also complete items 7d-7g (if applicable)

6. **CURRENT RECORD INFORMATION:**

6a. ORGANIZATION'S NAME  
 Highsmith Inc.

OR

6b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
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7. **CHANGED (NEW) OR ADDED INFORMATION:**

7a. ORGANIZATION'S NAME

OR

7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
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7c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
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7d. SEE INSTRUCTION	ADD'L INFO RE ORGANIZATION DEBTOR	7e. TYPE OF ORGANIZATION	7f. JURISDICTION OF ORGANIZATION	7g. ORGANIZATIONAL ID #, if any	<input type="checkbox"/> NONE
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8. **AMENDMENT (COLLATERAL CHANGE):** check only one box.

Describe collateral  deleted or  added, or give entire  restated collateral description, or describe collateral  assigned.

9. **NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT** (name of assignor, if this is an Assignment). If this is an Amendment authorized by a Debtor which adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here  and enter name of DEBTOR authorizing this Amendment.

9a. ORGANIZATION'S NAME  
 Bank One, NA with its main office in Chicago IL

OR

9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
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10. **OPTIONAL FILER REFERENCE DATA**  
 10817119 Debtor Name: Highsmith Inc. Highsmith Inc. 0000820138