

**TRADEMARK ASSIGNMENT**

Electronic Version v1.1  
 Stylesheet Version v1.1

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	CHANGE OF NAME

CONVEYING PARTY DATA

Name	Formerly	Execution Date	Entity Type
Research, Inc.		08/16/2007	CORPORATION: MINNESOTA

RECEIVING PARTY DATA

Name:	Cogent Technologies, Inc.
Street Address:	7041 Boone Ave. N.
City:	Brooklyn Park
State/Country:	MINNESOTA
Postal Code:	55428
Entity Type:	CORPORATION: MINNESOTA

PROPERTY NUMBERS Total: 12

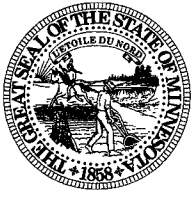
Property Type	Number	Word Mark
Serial Number:	72239193	RI
Serial Number:	74567872	SPEED-DRI
Serial Number:	74567545	WEB-DRI
Serial Number:	75291099	SIMULATEIR
Serial Number:	78563811	CHAMBERIR
Serial Number:	78562539	HI-TEMPIR
Serial Number:	78558784	PANELIR
Serial Number:	78555862	STRIPIR
Serial Number:	78555786	LINEIR
Serial Number:	78556003	SPOTIR
Serial Number:	78562884	ROLL-DRI
Serial Number:	78563719	EXTRUDEIR

CORRESPONDENCE DATA

OP \$315.00 72239193

Fax Number: (763)544-1222  
*Correspondence will be sent via US Mail when the fax attempt is unsuccessful.*  
Phone: 763-545-8390  
Email: pspeltz@squidink.com  
Correspondent Name: Paul Speltz  
Address Line 1: 1117 welcome circle  
Address Line 4: GOLDEN VALLEY, MINNESOTA 55422

ATTORNEY DOCKET NUMBER:	NAME CHANGE COGENT WITH U
NAME OF SUBMITTER:	Paul Speltz, Attorney at Law
Signature:	/paulspeltz/
Date:	08/17/2007
Total Attachments: 2 source=CCF08162007_00003#page1.tif source=CCF08162007_00004#page1.tif	



**MINNESOTA SECRETARY OF STATE**  
**CERTIFICATE OF ASSUMED NAME**

Minnesota Statutes Chapter 333

Read the instructions before completing this form.

Filing fee: \$25.00

The filing of an assumed name does not provide a user with exclusive rights to that name. The filing is required for consumer protection in order to enable consumers to be able to identify the true owner of a business.

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK.

1. State the exact assumed name under which the business is or will be conducted: (one business name per application)

Cogent Technologies, Inc.

2. State the address of the principal place of business. A complete street address or rural route and rural route box number is required; the address cannot be a P.O. Box.

7041 Boone Ave. N.

Brooklyn Park

MN 55428

Street

City

State Zip code

3. List the name and complete street address of all persons conducting business under the above Assumed Name, OR if an entity, provide the legal corporate, LLC, or Limited Partnership name and registered office address. Attach additional sheet(s) if necessary.

Name (please print)

Street

City

State Zip

Research, Inc.

7041 Boone Ave. N

Eden Prairie

MN 55344

4. I certify that I am authorized to sign this certificate and I further certify that I understand that by signing this certificate, I am subject to the penalties of perjury as set forth in Minnesota Statutes section 609.48 as if I had signed this certificate under oath.

Signature (ONLY one person listed in #3 is required to sign.)

Paul Speltz, Attorney

08/16/2007

Date

Print Name and Title

Paul Speltz

Contact Person

763-545-8390

Daytime Phone Number

