

TRADEMARK ASSIGNMENT

Electronic Version v1.1
 Stylesheet Version v1.1

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	Release of Security Interest		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
LaSalle Business Credit, LLC		03/20/2006	LIMITED LIABILITY COMPANY: ILLINOIS
RECEIVING PARTY DATA			
Name:	DRI Corporation		
Also Known As:	AKA Digital Recorders, Inc.		
Street Address:	13760 Noel Road, Suite 830		
City:	Dallas		
State/Country:	TEXAS		
Postal Code:	75240		
Entity Type:	CORPORATION: NORTH CAROLINA		
PROPERTY NUMBERS Total: 4			
Property Type	Number	Word Mark	
Registration Number:	2683020	DIGITAL RECORDERS	
Registration Number:	2166496	ELYSE	
Registration Number:	1796858	TALKING BUS	
Registration Number:	2166426	TWINVISION	
CORRESPONDENCE DATA			
Fax Number:	(704)866-8010		
	<i>Correspondence will be sent via US Mail when the fax attempt is unsuccessful.</i>		
Phone:	704-865-4400		
Email:	eleazer@gastonlegal.com		
Correspondent Name:	Emily Leazer		
Address Line 1:	516 S. New Hope Rd		
Address Line 4:	Gastonia, NORTH CAROLINA 28032		
NAME OF SUBMITTER:	Stephen P. Slay, CFO		

OP \$115.00 2683020

Signature:	/Stephen P. Slay, CFO/
Date:	07/17/2008
Total Attachments: 3 source=Affidavit and information for LaSalle Trademark termination#page1.tif source=Affidavit and information for LaSalle Trademark termination#page2.tif source=Affidavit and information for LaSalle Trademark termination#page3.tif	

AFFIDAVIT

The undersigned, being duly sworn, deposes and says that he is the Chief Executive Officer of DRI Corporation (formerly Digital Recorders, Inc.) (the "Corporation"), as follows:

1. That the Corporation previously gave LaSalle Business Credit, LLC a security interest in the following trademarks:

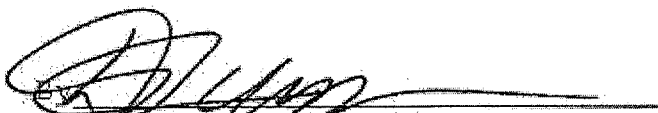
- a. Trademark Registration No. 2,683,020 for DIGITAL RECORDERS and Design;
- b. Trademark Registration No. 2,166,496 for ELYSE (Stylized);
- c. Trademark Registration No. 1,796,868 for TALKING BUS; and
- d. Trademark Registration No. 2,166,426 for TWINVISION.

2. That the indebtedness to LaSalle Business Credit, LLC which created the security interest has been paid in full.

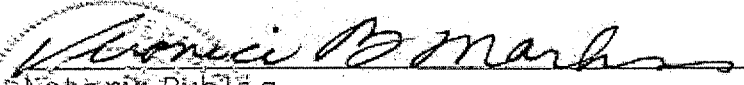
3. The security interest given to LaSalle Business Credit, LLC should have been terminated following subsequent financing at the same time the UCC financing statements were terminated.

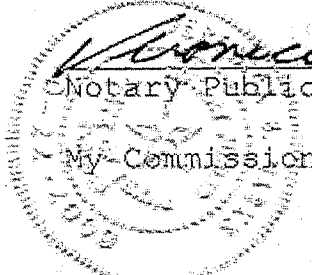
This the 17th day of July, 2008.

DRI CORPORATION


David L. Turney

Sworn to and subscribed before me this 17th day of July, 2008.


Notary Public
My Commission Expires: 10/22/2009



F0310814008

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER (optional)

B. SEND ACKNOWLEDGMENT TO: (Name and Address)

LexisNexis Document Solutions
 801 Adlai Stevenson Drive
 Springfield, IL 62703

18

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1a or 1b) - do not abbreviate or combine names

1a. ORGANIZATION'S NAME					
Digital Recorders, Inc.					
OR	1b. INDIVIDUAL'S LAST NAME				
	FIRST NAME	MIDDLE NAME	SUFFIX		
1c. MAILING ADDRESS		CITY	STATE	POSTAL CODE	COUNTRY
4018 Patriot Drive, Suite 100		Durham	NC	27709-4068	USA
1d. <u>SEE INSTRUCTIONS</u>	ADD'L INFO RE ORGANIZATION DEBTOR	1e. TYPE OF ORGANIZATION	1f. JURISDICTION OF ORGANIZATION	1g. ORGANIZATIONAL ID #, if any	
		CORP	NC	225036BUS	<input type="checkbox"/> NONE

2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (2a or 2b) - do not abbreviate or combine names

2a. ORGANIZATION'S NAME					
OR	2b. INDIVIDUAL'S LAST NAME				
	FIRST NAME	MIDDLE NAME	SUFFIX		
2c. MAILING ADDRESS		CITY	STATE	POSTAL CODE	COUNTRY
2d. <u>SEE INSTRUCTIONS</u>	ADD'L INFO RE ORGANIZATION DEBTOR	2e. TYPE OF ORGANIZATION	2f. JURISDICTION OF ORGANIZATION	2g. ORGANIZATIONAL ID #, if any	
					<input type="checkbox"/> NONE

3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR/S/P) - insert only one secured party name (3a or 3b)

3a. ORGANIZATION'S NAME					
LaSalle Business Credit, LLC					
OR	3b. INDIVIDUAL'S LAST NAME				
	FIRST NAME	MIDDLE NAME	SUFFIX		
3c. MAILING ADDRESS		CITY	STATE	POSTAL CODE	COUNTRY
135 S. LaSalle St. - ABL		Chicago	IL	60603	USA

4. This FINANCING STATEMENT covers the following collateral:

All assets of the Debtor, including without limitation, the following: all accounts, chattel paper, commercial tort claims, deposit accounts, investment property, letter-of-credit rights, goods, inventory, equipment, fixtures, general intangibles, instruments, documents and other personal property, whether now existing or hereafter acquired and wherever located together with proceeds thereof.

5. ALTERNATIVE DESIGNATION (if applicable):	LESSEE/LESSOR	CONSIGNEE/CONSIGNOR	BAILEE/BAILOR	SELLER/BUYER	AG. LIEN	NON-UCC FILING
6. <input type="checkbox"/> This FINANCING STATEMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS. (Attach Addendum)	7. Check to REQUEST SEARCH REPORT(S) on Debtor(s) (optional)		<input type="checkbox"/> All Debtors		<input type="checkbox"/> Debtor 1	<input type="checkbox"/> Debtor 2
8. OPTIONAL FILER REFERENCE DATA						
NC-SOS						

2034189-2

File Number: 20060027699B
Date Filed: 03/20/2006 08:59 AM
Elaine F. Marshall
NC Secretary of State

UCC FINANCING STATEMENT AMENDMENT

C

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER [optional]

B. SEND ACKNOWLEDGMENT TO: (Name and Address)

Corporation Service Company
P.O. Box 591
Wilmington, DE 19899

#52

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a. INITIAL FINANCING STATEMENT FILE #
20030113651C

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

2. TERMININATION: 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 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 item 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: Please refer to the detailed instructions in regards to changing the name/address of a party. 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 7e-7g (if applicable).

6. CURRENT RECORD INFORMATION:

6a. ORGANIZATION'S NAME
Digital Recorders, Inc.

OR

6b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX

7. CHANGED (NEW) OR ADDED INFORMATION:

7a. ORGANIZATION'S NAME

OR

7b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX

7c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY

7d. SEE INSTRUCTIONS ADD'L INFO RE ORGANIZATION DEBTOR 7e. TYPE OF ORGANIZATION 7f. JURISDICTION OF ORGANIZATION 7g. ORGANIZATIONAL ID #, if any NONE

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
Laurus Master Fund, Ltd.

OR

9b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX

10. OPTIONAL FILER REFERENCE DATA
NC - SOS

FILING OFFICE COPY — UCC FINANCING STATEMENT AMENDMENT (FORM UCC3) (REV. 05/22/02)

TRADEMARK