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(Rev. 07/05) RECORDATION FO	DRM COVER SHEET United States Patent and Trademark Office
OMB No. 0651-0027 (exp. 06/30/2008)	URKS ONLY
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):	2. Name and address of receiving party(ies):
SILICON VALLEY BANK	Additional name(s) of conveying parties attached? ☐Yes ☒ No
	Name: TRAIANA INC
3003 TASMAN DRIVE	l
SANTA CLARA, CA 95054	Internal Address
☐ Individual(s) ☐ Association ☐ General Partnership ☐ Limited Partnership	
General Partnership Limited Partnership	Street Address:
☑ Corporation-State	51 EAST 42ND ST 10TH FLOOR
Other	City: New York
	State: NY
Additional name(s) of conveying parties attached? ☐Yes ☒ No	Country: 10017
3. Nature of conveyance/ Execution Date(s):	Zip:
Execution Date(s): 9/29/2008	Association Citizenship
	General Partnership Citizenship
Assignment Merger	Limited Partnership Citizenship
Security Agreement	⊠ Corporation Citizenship □ Other Citizenship
	Other Citizenship If assignee is not domiciled in the United States, a domestic representative
	Designation is attached: Yes No
Other : Release Application number(s) or registration number(s) and identification number(s) a	(Designations must be a separate document from assignment)
4. Application number(s) or registration number(s) and identi-	fication or description of the Trademark:
A. Trademark Application No.(s)	B. Trademark Registration No.(s)
76331898	2633073 2723706 2779096
C. Identification or Description of Trademark(s) (and Filing Da	to if Amelianting and the state of the state
Registration Number is unknown);	te if Application or Addifional sheets attached? Yes No
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5. Name and address of party to whom correspondence concerning document should be	6. Total number of applications and
mailed:	registrations involved: 4
Name: UCC Direct Services	
	7. Total fee (37 CFR 2.6 (b)(6) & 3.41); \$ 115.00
Internal Address: 14080632	Authorized to be charged by credit card
Street Address: 187 Wolf Road, Suite 101	Authorized to be charged to deposit account
Stidet Address. 167 Wor Koad, Sune 101	☐ Englosed
City: Albany State: NY ZIP: 12205	8. Payment information:
	o. Fayment information:
Phone Number: 1-800-342-3676	a. Credit Card Last 4 Numbers 5 683
	Expiration Date ///09
Fax Number:	Expiration date 117 or
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- 0 A 1 1	b. Deposit Account Number
Emall Address: susan.obrien@wolterskiuwer.com	b. Deposit Account Number Authorized User Name
In 1 horas	
9. Signature. Just O Bran	Authorized User Name
Emall Address: susan.obrien@wolterskluwer.com 9. Signature. Signature	
9. Signature. Just O Bran	Authorized User Name 9/29/2008 Date
9. Signature. Signature	Authorized User Name 9/29/2008

Documents to be recorded (including cover sheet) should be faxed to (571) 273-0140, or malied to:Mail Stop Assignment Recordation Services, Director of the USPTO, P.O. Box 1450, Alexandria, VA 22313-1450

RELEASE OF SECURITY AGREEMENT COVERING INTERESTS IN TRADEMARKS

Silicon Valley Bank ("Secured Party"), hereby releases its security interest in the interests of TRAIANA INC ("Assignor") in the Trademarked works set forth in that certain Intellectual Property And Security Agreement dated <u>03/16/2006</u>, executed by Assignor in favor of Secured Party recorded with the United States Department of Commerce, Patent and Trademark Office on <u>04/11/2006</u> Reel <u>3286</u> Frame <u>0485</u>.

Dated: 9/29/2008

SILICON VALLEY BANK

Name:

Margaret Fujii

Title: Operations Manager

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RECORDED: 09/30/2008

TRADEMARK
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