

Form PTO-1594 (Rev. 07/05)
OMB Collection 0651-0027 (exp. 6/30/2008)

U.S. DEPARTMENT OF COMMERCE
United States Patent and Trademark Office

RECORDATION FORM COVER SHEET TRADEMARKS 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):

Think Tools GmbH

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

Citizenship (see guidelines) Germany

Additional names of conveying parties attached? Yes No

2. Name and address of receiving party(ies)

Additional names, addresses, or citizenship attached? Yes No

Name: Tauton GmbH

Internal

Address: _____

Street Address: Dachauerstr. 44a

City: Munich

State: _____

Country: Germany Zip: 80335

- Association Citizenship _____
- General Partnership Citizenship _____
- Limited Partnership Citizenship _____
- Corporation Citizenship Germany
- Other _____ Citizenship _____

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)

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

Execution Date(s) February 3, 2006

- Assignment
- Security Agreement
- Other _____
- Merger
- Change of Name

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)

2,772,787

Additional sheet(s) attached? Yes No

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

KNOWLEDGE BACKBONE

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

Name: Robert P. Michal

Internal Address: Frishauf, Holtz, Goodman & Chick, P.C.

Street Address: 220 Fifth Avenue

City: New York

State: New York Zip: 10001-7708

Phone Number: (212) 319-4900

Fax Number: (212) 319-5101

Email Address: _____

6. Total number of applications and registrations involved:

1

7. Total fee (37 CFR 2.6(b)(6) & 3.41) \$ 40.00

- Authorized to be charged by credit card
- Authorized to be charged to deposit account
- Enclosed

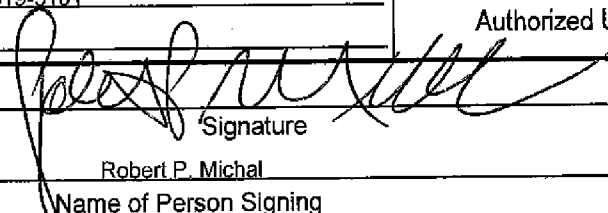
8. Payment Information:

a. Credit Card Last 4 Numbers 1118
Expiration Date October, 2011

b. Deposit Account Number _____

Authorized User Name _____

9. Signature:


Signature
Robert P. Michal
Name of Person Signing

December 18, 2008

Date

Total number of pages including cover sheet, attachments, and document: 3

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

TRADEMARK

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**TRADEMARK - CHANGE OF NAME
OF REGISTRANT**

NO DOCUMENTATION REQUIRED