

**TRADEMARK ASSIGNMENT**

Electronic Version v1.1  
 Stylesheet Version v1.1

<b>SUBMISSION TYPE:</b>	NEW ASSIGNMENT		
<b>NATURE OF CONVEYANCE:</b>	RELEASE BY SECURED PARTY		
<b>CONVEYING PARTY DATA</b>			
<b>Name</b>	<b>Formerly</b>	<b>Execution Date</b>	<b>Entity Type</b>
Bear Stearns Corporate Lending, Inc.		02/13/2007	CORPORATION:
<b>RECEIVING PARTY DATA</b>			
<b>Name:</b>	Performics Inc.		
<b>Street Address:</b>	180 North LaSalle Street		
<b>Internal Address:</b>	Suite 1100		
<b>City:</b>	Chicago		
<b>State/Country:</b>	ILLINOIS		
<b>Postal Code:</b>	60601		
<b>Entity Type:</b>	CORPORATION: ILLINOIS		
<b>PROPERTY NUMBERS Total: 2</b>			
<b>Property Type</b>	<b>Number</b>	<b>Word Mark</b>	
Registration Number:	2653808	PERFORMICS	
Registration Number:	2657068	PERFORMICS	
<b>CORRESPONDENCE DATA</b>			
<b>Fax Number:</b>	(215)851-1420		
	<i>Correspondence will be sent via US Mail when the fax attempt is unsuccessful.</i>		
<b>Phone:</b>	215-851-8100		
<b>Email:</b>	jporter@reedsmith.com		
<b>Correspondent Name:</b>	Jeffrey A. Porter, Esq.		
<b>Address Line 1:</b>	Reed Smith LLP, 1650 Market Street		
<b>Address Line 2:</b>	2500 One Liberty Place		
<b>Address Line 4:</b>	Philadelphia, PENNSYLVANIA 19103		
<b>ATTORNEY DOCKET NUMBER:</b>	503510.20003		
<b>NAME OF SUBMITTER:</b>	Jeffrey A. Porter		

OP \$65.00 2653808

Signature:

/Jeffrey A. Porter/

Date:

02/13/2009

Total Attachments: 2

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UC0195802

RECEIVED  
SECRETARY OF STATE  
UNIFORM COMMERCIAL CODE DIV.

**UCC FINANCING STATEMENT AMENDMENT**

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

2007 FEB 13 AM 10:00

A. NAME & PHONE OF CONTACT AT FILER [optional]  
 Rosalind Rodburg 212-906-1874

B. SEND ACKNOWLEDGMENT TO: (Name and Address)

[NY] Latham & Watkins  
 885 Third Avenue  
 10th Floor  
 New York, NY 10022

Rosalind.Rodburg@lw.com

UCU102/13/07:04:9828:  
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THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a. INITIAL FINANCING STATEMENT FILE #  
10012597 7/15/2005

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 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 8.

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

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 ADDL 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.

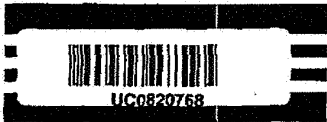
**TERMINATED**

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.

Ba. ORGANIZATION'S NAME  
 BEAR STEARNS CORPORATE LENDING INC., AS SECOND LIEN COLLATERAL AGENT

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

10. **OPTIONAL FILER REFERENCE DATA**  
 Filed with: IL - Secretary of State; Debtor: PERFORMICS INC. F#133874 A#283067



RECEIVED  
SECRETARY OF STATE  
UNIFORM COMM. CODE DIV.

2005 JUL 15 AM 9:42

UCU107/18/05\*01\*7881\*  
20.00 RH  
SOSIL 10:22 10012597 FS

**UCC FINANCING STATEMENT**  
FOLLOW INSTRUCTIONS (front and back) CAREFULLY

**A. NAME & PHONE OF CONTACT AT FILER (optional)**  
 Lisa Sumpter 212-906-1898

**B. SEND ACKNOWLEDGMENT TO: (Name and Address)**

[NY] Latham & Watkins  
 885 Third Avenue  
 10th Floor  
 New York, NY 10022

[lisa.sumpter@lw.com]

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**  
 PERFORMICS INC.

OR

**1b. INDIVIDUAL'S LAST NAME** FIRST NAME MIDDLE NAME SUFFIX

**1c. MAILING ADDRESS** CITY STATE POSTAL CODE COUNTRY  
 180 NORTH LASALLE STREET, SUITE 1100 CHICAGO IL 60601 USA

**1d. SEE INSTRUCTIONS** ADDL INFO RE ORGANIZATION DEBTOR **1e. TYPE OF ORGANIZATION** CORPORATION **1f. JURISDICTION OF ORGANIZATION** ILLINOIS **1g. ORGANIZATIONAL ID #, if any** 60405158  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. SEE INSTRUCTIONS** ADDL INFO RE ORGANIZATION DEBTOR **2e. TYPE OF ORGANIZATION** **2f. JURISDICTION OF ORGANIZATION** **2g. ORGANIZATIONAL ID #, if any**  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**  
 BEAR STEARNS CORPORATE LENDING INC., AS SECOND LIEN COLLATERAL AGENT

OR

**3b. INDIVIDUAL'S LAST NAME** FIRST NAME MIDDLE NAME SUFFIX

**3c. MAILING ADDRESS** CITY STATE POSTAL CODE COUNTRY  
 383 MADISON AVENUE NEW YORK NY 10179 USA

**4. This FINANCING STATEMENT covers the following collateral:**  
**THIS FINANCING STATEMENT COVERS ALL ASSETS OF THE DEBTOR, WHETHER NOW EXISTING OR HEREAFTER ARISING.**

**5. ALTERNATIVE DESIGNATION (if applicable):** LESSEE/LESSOR | CONSIGNEE/CONSIGNOR | BAILEE/BAILOR | SELLER/BUYER | AG. LIEN | NON-UCC FILING

**6.**  This FINANCING STATEMENT is to be filed (or recorded) in the REAL ESTATE RECORDS.  **7. Check to REQUEST SEARCH REPORT(S) on Debtor(s)** (Additional Fee)  All Debtors  Debtor 1  Debtor 2

**8. OPTIONAL FILER REFERENCE DATA**  
 Filed with: IL - Secretary of State F#133874 A#218778

FILING OFFICE COPY -- UCC FINANCING STATEMENT (FORM UCC1) (REV. 05/22/02)

RECORDED: 02/13/2009

TRADEMARK  
REEL: 003936 FRAME: 0170