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FORM PTO-1594		U.S. DEPARTMENT OF	
COMMERCE			
(Rev. 07/05) RECORDATION FORM COVER SHEET United States Patent and Trademark Office OMB No. 0651-0027 (exp. 06/30/2008)			
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): 2. Name and address of receiving party(ies):			
1. Name of conveying party(ies): Sificon Vailey Bank 3003 Tasman Drive		Additional name(s) of conveying parties attached? Yes No	
Santa Clara, CA 95054		Name: INFRASTRUCT SECURITY INC	
		Internal Address	
☐ Individual(s)	Association		
☐ General Partnership	Limited Partnership	Street Address: 747 NORTH SHEPHERD SUITE 800	
☑ Corporation-State			
Other		City: HOUSTON State: TX	
Additional name(s) of conveying 3. Nature of conveyance/		Country: USA Zip: 77007	
Execution Date(s): January	y 14, 2010	☐ Association Citizenship ☐ General Partnership Citizenship	
Assignment	☐Merger	Limited Partnership Citizenship Corporation Citizenship : USA State: TX	
Security Agreement	Change of Name	☐ Other Citizenship If assignee is not domiciled in the United States, a domestic representative designation is attached: ☐ Yes ☒ No	
☑ Other: RELEASE	-:	(Designations must be a separate document from assignment)	
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) 78973398	
		78973403	
		78973415 78973426	
C. Identification or Description of Trademark(s) (and Filing Date if Application or Registration Number is unknown): Additional sheets attached? Yes No			
5. Name and address of party to whom		6. Total number of applications and	
correspondence concerning document should be mailed:		registrations involved: 4	
Name: UCC Direct Services		7. Total fee (37 CFR 2.6 (b)(6) & 3.41): \$/15-	
Internal Address: Attn: 14080632		Authorized to be charged by credit card Authorized to be charged to deposit account	
Street Address: 187 Wolf Road, Suite 101		☐ Enclosed	
City: Albany State:	NY ZIP: 12205	8. Payment Information:	
Phone Number: 1-800-342-3676 X 4065		a. Credit Card Last 4 Numbers 5683 Expiration Date 10/12	
Fax Number: 1-800-962-7049		b. Deposit Account Number	
Email Address: cls-udsalbany@wolterskluwer.com Authorized User Name			
9. Signature. 1/15/10			
Signature Date			
2021	Name of Person Signing	Total number of pages including cover aheet, attachments, and document:	

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

RELEASE OF SECURITY AGREEMENT COVERING INTERESTS IN TRADEMARKS

Silicon Valley Bank ("Secured Party"), hereby releases its security interest in the interests of Infrastruct Security, Inc. ("Assignor") in the trademarked works set forth in that certain Intellectual Property Security Agreement dated, November 12, 2006 executed by Assignor in favor of Secured Party recorded with the United States Department of Commerce, Patent and Trademark Office on March 2, 2007 Reel 3496 Frame 0375.

Date: January 14, 2010

SILICON VALLEY BANK

Name: Margaret Fpiii

RECORDED: 01/15/2010

Title: Operations Manager

TRADEMARK
REEL: 004132 FRAME: 0197