φ 99
3346
00
\$65
0

FORM PTO-1594		U.S. DEPARTMENT OF	
COMMERCE	BECORDATION EG	RM 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.			
To the Director of the  1. Name of conveying party(le	U.S. Patent and Trademark Office:	2. Name and address of receiving party(ies):	
3, Name of conveying party(* Silicon Valley Bank	sa).	Additional name(s) of conveying parties ettached? ☐Yes ☒ No	
3003 Tasman Drive			
Santa Clara, GA 95054		Name: Imaginova Corp.	
		Internal Address:	
	- Anna marking	IIIIEITIBI Address.	
individual(s)	Association		
General Partnership	Limited Partnership	Street Address: 470 Park Avenue South, 9th Floor	
_			
☑ Corporation-State			
☐ Other		City: New York	
		State: NY	
	g parties attached? ☐Yes ☒ No	Country: USA	
3. Nature of conveyance/ Execution Date(s):		Zip: 10016	
		T A day Oiting a big	
Execution Date(s): Januar	гу 13, 2010	Association Citizenship	
	<b></b>	General Partnership Citizenship	
Assignment	∭Merger	☐ Limited Partnership Citizenship ☐ Corporation Citizenship : United States, Delaware	
	( )	☐ Corporation Citizenship : United States, Delaware     ☐ Other Citizenship	
Security Agreement	Change of Name	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 i	registration number(s) and identi-	fication or description of the Trademark:	
A. Trademark Application No.(s)		B. Trademark Registration No.(s)	
1		3346858	
		2593312	
		te if Application or Additional sheets attached? ☐ Yes ☒ No	
	on of Trademark(s) (and Filing Da	tle if Application or Additional sneets attached: [] res 🖾 No	
Registration Number is unknown):			
5. Name and address of	party to whom	6. Total number of applications and	
correspondence	party to mom	registrations involved: 2	
concerning document should be mailed:			
Name: UCC Direct Services			
		7. Total fee (37 CFR 2.6 (b)(6) & 3.41): \$65.00	
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: 1-800-34	2-3676 X 40 <del>6</del> 5	a. Credit Card Last 4 Numbers 5683	
		Expiration Date 10/12-	
Fax Number: 1-800-962-7049			
, ex itemsel.		b. Deposit Account Number	
Email Address: cls-udsalbany@wolterskluwer.com		Authorized User Name	
1/10//-			
1/19/10			
9. Signature Date			
Tracel D D			
	Name of Person Signing√	sheet, attachments, and document:	
		11	

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. Alexandric ADEMARK

## RELEASE OF SECURITY AGREEMENT COVERING INTERESTS IN TRADEMARKS

Silicon Valley Bank ("Secured Party"), hereby releases its security interest in the interests of Imaginova Corp. ("Assignor") in the trademarked works set forth in that certain Intellectual Property Security Agreement dated, 12/19/2008, executed by Assignor in favor of Secured Party recorded with the United States Department of Commerce, Patent and Trademark Office on 12/22/2008, Reel 3909, Frame 0258.

Dated: January 13, 2010

SILICON VALLEY BANK

Name: Title:

By:

Operations Manager

h:\docs\ipagrmts\3release

RECORDED: 01/15/2010

TRADEMARK REEL: 004132 FRAME: 0500