FORM PTO-1594
COMMERCE
(Rev. 07/05)
OMB No. 0651-0027 (exp. 06/30/2008)

U.S. DEPARTMENT OF

RECORDATION FORM COVER SHEET

United States Patent and Trademark Office

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):
William L Yang
Silicon Valley Bank
3003 Tasman Drive
Santa Clara, CA 95054

☐ Individual(s) ☐ Association
☐ General Partnership ☐ Limited Partnership
☒ Corporation-State-Delaware
☐ Other

Additional name(s) of conveying parties attached? ☐Yes ☒ No

2. Name and address of receiving party(ies):
Additional name(s) of conveying parties attached? ☐Yes ☒ No

Name: **Ross Systems Inc**

Internal Address

Street Address: 2002 Summit Blvd STE 700

City: **Atlanta**
State: GA
Country: USA
Zip: 30319-5588

☐ Association Citizenship
☐ General Partnership Citizenship
☐ Limited Partnership Citizenship
☒ Corporation Citizenship: DE
☐ 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): April 14, 2010

☐ Assignment ☐Merger
☐Security Agreement ☐ Change of Name
☒ Other : **Release**

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)
75188302	1321186 1725215
	1704600 1746899
	1629873 1848127
	1638930 2302384

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 correspondence concerning document should be mailed:

Name: **UCC Direct Services**

Internal Address: **Attn: 14080632**

Street Address: **187 Wolf Road, Suite 101**

City: **Albany** State: **NY** ZIP: **12205**

Phone Number: **1-800-342-3676 X 4065**

Fax Number: **1-800-962-7049**

Email Address: **cis-udsalbany@wolterskluwer.com**

6. Total number of applications and registrations involved: 9

7. Total fee (37 CFR 2.6 (b)(6) & 3.41): **$ 240.00**
☒ Authorized to be charged by credit card
☐ Authorized to be charged to deposit account
☐ Enclosed

8. Payment Information:

a. Credit Card Last 4 Numbers 5683
Expiration Date 10/12

b. Deposit Account Number
Authorized User Name

9. Signature Joseph D Borgman 4/15/10
Signature Date

Joseph D Borgman
Name of Person Signing

Total number of pages including cover sheet, attachments, and document: 2

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City: Albany State: NY ZIP: 12205

Phone Number: 1-800-342-3676 X 4065

Fax Number: 1-800-962-7046

Email Address: cts-ustadalbany@wolterskluwer.com

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