

USPTO

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Fax Server

TO:DAWN M. CASSIE COMPANY:30 S. WACKER DR.

## TRADEMARK ASSIGNMENT

Electronic Version v1.1  
Stylesheet Version v1.107/28/2010  
900167982

SUBMISSION TYPE:		NEW ASSIGNMENT	
NATURE OF CONVEYANCE:		RELEASE BY SECURED PARTY	
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
Orix Venture Finance LLC		05/14/2010	LIMITED LIABILITY COMPANY;
RECEIVING PARTY DATA			
Name:	Navigant Consulting, Inc		
Street Address:	30 S. Wacker Dr.		
Internal Address:	Suite 3550		
City:	Chicago		
State/Country:	ILLINOIS		
Postal Code:	60606		
Entity Type:	CORPORATION: Delaware		
PROPERTY NUMBERS Total: 2			
Property Type	Number	Word Mark	
Serial Number:	76684217	STAR-SUSPICIOUS TRANSACTION ANALYSIS AND REPORTING	
Serial Number:	76684218	KYP	
CORRESPONDENCE DATA			
Fax Number:	(312)573-5678		
<i>Correspondence will be sent via US Mail when the fax attempt is unsuccessful.</i>			
Phone:	312-683-2888		
Email:	dawn.cassie@navigantconsulting.com		
Correspondent Name:	Dawn M. Casata		
Address Line 1:	30 S Wacker Dr		
Address Line 2:	Suite 3550		
Address Line 4:	Chicago, ILLINOIS 60606		
NAME OF SUBMITTER:	Dawn M. Cassie		
Signature:	/Dawn M. Cassie/		

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TO:DAWN M. CASSIE COMPANY:30 S. WACKER DR.

Date:	07/28/2010
Total Attachments: 3 source=testing#page1.tif source=testing#page2.tif source=testing#page3.tif	

TO:DAWN M. CASSIE COMPANY:30 S. WACKER DR.



UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

(A) NAME & PHONE OF CONTACT AT FILER (optional)

(B) SEND ACKNOWLEDGMENT TO (Name and Address)

Sullivan & Cromwell LLP
125 Broad Street
New York, New York
Attn: Ashlee Voit, Esq.

DELAWARE DEPARTMENT OF STATE
U.C.C. FILING SECTION
FILED 04:30 PM 05/14/2010
INITIAL FILING # 2008 2900338
AMENDMENT # 2010 1703705
SRV: 100119060

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

13 INITIAL FINANCING STATEMENT FILE # 2008 2900338, Filed 8/28/08

7 TERMINATION (Cancellation of the Financing Statement covering goods is restricted with respect to security interests of the Secured Party authorizing this Termination Statement.)

8 CONTINUATION (Continuation of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing the Continuation Statement is authorized for the additional period provided by applicable law)

9 AMENDMENT (full or partial) Give name of assignor in item 7a or 7b and address of assignor in item 7c. You also give name of assignor in item 9.

10 AMENDMENT (PARTY INFORMATION) This Amendment affects: Debtor At Secured Party of record. Check only one of these two boxes. Also check one of the following boxes and provide appropriate information in item 8 or item 9.

11 CHANGES name and/or address. Give current name to use in 7c. Also give new name if name changes in item 7a or 7b and/or new address if appropriate in item 7c. DELETE name. Give name to be deleted in item 7a or 7b. ADD name. Complete item 7a or 7b and also item 7c. Also include item 7d if applicable.

12 CURRENT RECORD INFORMATION

Form with fields for OR 6b INDIVIDUAL'S LAST NAME, FIRST NAME, MIDDLE NAME, SUFFIX

13 CURRENT DEBITOR OR ADDRES INFORMATION

Form with fields for OR 7b INDIVIDUAL'S LAST NAME, FIRST NAME, MIDDLE NAME, SUFFIX

Form with fields for 7a MAILING ADDRESS, CITY, STATE, POSTAL CODE, COUNTRY

Form with fields for 7d TAXIDP, STATE, ADDL INFO, TYPE OF ORGANIZATION, JURISDICTION OF ORGANIZATION, ORGANIZATION NUMBER

14 AMENDMENT (COLLATERAL CHANGE) check box below. Describe addition, deletion or new state, deleted collateral description, or security collateral.

15 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 was authorized or made by a Collateral Debtor, or if this is a Termination authorized by a Debtor, check box and enter name of DEBTOR authorizing the Amendment)

Form with fields for OR 15b ORGANIZATION'S NAME, DAYLIGHT Forensic & Advisory L.L.C., OR 15c INDIVIDUAL'S LAST NAME, FIRST NAME, MIDDLE NAME, SUFFIX

16 OFFICIAL FILER'S SIGNATURE: Delaware Secretary of State

FILING OFFICE COPY - NATIONAL UCC FINANCING STATEMENT AMENDMENT (FORM UCC9) (REV. 07/2006) FORM SHOULD BE TYPEWRITTEN OR COMPUTER GENERATED

TO:DAWN M. CASSIE COMPANY:30 S. WACKER DR.

# Delaware

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*The First State*

**CERTIFICATE**

SEARCHED MAY 11, 2010, AT 8:42 A.M.  
FOR DEBTOR "DAYLIGHT FORENSIC & ADVISORY LLC"

1 OF 1 FINANCING STATEMENT 02900330

EXPIRATION DATE: AUGUST 26, 2013

DEBTOR: DAYLIGHT FORENSIC AND ADVISORY L.L.C.  
ONE ROCKEFELLER PLAZA  
NEW YORK NY 10020

ADDED 08-26-08

SECURED: ORIX VENTURE FINANCE LLC  
245 PARK AVENUE, 15TH FLOOR  
NEW YORK NY 10167

ADDED 08-26-08

**F I L I N G H I S T O R Y**

02900330 FILED 08-26-08 AT 12:08 P.M. FINANCING STATEMENT  
E N D O F F I L I N G H I S T O R Y

THE UNDERSIGNED FILING OFFICER HEREBY CERTIFIES THAT THE ABOVE LISTING IS A RECORD OF ALL PRESENTLY EFFECTIVE FINANCING STATEMENTS, Lapsed FINANCING STATEMENTS, FEDERAL TAX LIENS AND UTILITY SECURITY INSTRUMENTS FILED IN THIS OFFICE WHICH NAME THE ABOVE DEBTOR, AS OF APRIL 23, 2010 AT 11:59 P.M.



*[Signature]*  
Jeffrey M. Bellock, Secretary of State

201016311200CKL

100488335

AUTHENTICATION: 7984060

DATE: 05-11-10

TRADEMARK

REEL: 004263 FRAME: 0178

TO:DAWN M. CASSIE COMPANY:30 S. WACKER DR.

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER (optional)

B. SEND ACKNOWLEDGMENT TO: (Name and Address)

COLUMBIAN SERVICE COMPANY  
 5741 CANTONVILLE ROAD,  
 SUITE 400  
 WILMINGTON DE 198081605

DELAWARE DEPARTMENT OF STATE  
 D. C. C. FILING SECTION  
 FILED 12:08 PM 08/26/2008  
 TAXIDATE FILING # 2008 2400330  
 REV: 09090168D

1. DEBTOR'S EXACT FULL LEGAL NAME - based on the correct name (a or b) - do not abbreviate or combine names

(a) ORGANIZATION'S NAME  
 (b) INDIVIDUAL'S LAST NAME

(a) ORGANIZATION'S ADDRESS  
 (b) INDIVIDUAL'S LAST NAME

(a) TYPE OF ORGANIZATION  
 (b) JURISDICTION OF ORGANIZATION

(a) CITY  
 (b) STATE

(a) ZIP  
 (b) POSTAL CODE

(a) COUNTRY  
 (b) COUNTRY

2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - based on the correct name (a or b) - do not abbreviate or combine names

(a) ORGANIZATION'S NAME  
 (b) INDIVIDUAL'S LAST NAME

(a) ORGANIZATION'S ADDRESS  
 (b) INDIVIDUAL'S LAST NAME

(a) TYPE OF ORGANIZATION  
 (b) JURISDICTION OF ORGANIZATION

(a) CITY  
 (b) STATE

(a) ZIP  
 (b) POSTAL CODE

(a) COUNTRY  
 (b) COUNTRY

3. SECURED PARTY'S NAME (a) NAME OF TOTAL ARRANGOR (if applicable) - based on the correct name (a or b)

(a) ORGANIZATION'S NAME  
 (b) INDIVIDUAL'S LAST NAME

(a) ORGANIZATION'S ADDRESS  
 (b) INDIVIDUAL'S LAST NAME

(a) TYPE OF ORGANIZATION  
 (b) JURISDICTION OF ORGANIZATION

(a) CITY  
 (b) STATE

(a) ZIP  
 (b) POSTAL CODE

(a) COUNTRY  
 (b) COUNTRY

4. This FINANCING STATEMENT covers the following collateral:

All assets of the debtor, wherever located, whether now owned or hereafter acquired or arising.

U. THIS FINANCING STATEMENT IS TO BE USED FOR FINANCING STATEMENTS  
 STATE RECORDS - FILING SECTION  
 B. OPTIONAL FILER REFERENCE DATA