

TRADEMARK ASSIGNMENT

Electronic Version v1.1

Stylesheet Version v1.1

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|--|---|------------------------|-----------------------|
| SUBMISSION TYPE: | NEW ASSIGNMENT | | |
| NATURE OF CONVEYANCE: | RELEASE BY SECURED PARTY | | |
| CONVEYING PARTY DATA | | | |
| Name | Formerly | Execution Date | Entity Type |
| TD BANK, N.A. | FORMERLY INTERCHANGE BANK | 10/14/2010 | CORPORATION: DELAWARE |
| RECEIVING PARTY DATA | | | |
| Name: | MAY NATIONAL ASSOCIATES OF NEW JERSEY, INC. | | |
| Street Address: | 1700 Route 3 West | | |
| City: | Clifton | | |
| State/Country: | NEW JERSEY | | |
| Postal Code: | 07013 | | |
| Entity Type: | CORPORATION: NEW JERSEY | | |
| PROPERTY NUMBERS Total: 1 | | | |
| Property Type | Number | Word Mark | |
| Serial Number: | 78247178 | BONDAFLEX TECHNOLOGIES | |
| CORRESPONDENCE DATA | | | |
| Fax Number: | (215)789-6673 | | |
| <i>Correspondence will be sent via US Mail when the fax attempt is unsuccessful.</i> | | | |
| Phone: | 215-864-6857 | | |
| Email: | albrights@whiteandwilliams.com | | |
| Correspondent Name: | Samuel C. Albright | | |
| Address Line 1: | 1650 Market Street | | |
| Address Line 2: | One Liberty Place, Suite 1800 | | |
| Address Line 4: | Philadelphia, PENNSYLVANIA 19103 | | |
| NAME OF SUBMITTER: | Samuel C. Albright | | |
| Signature: | /salbright/ | | |
| Date: | 10/14/2010 | | |

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TRADEMARK
REEL: 004296 FRAME: 0278

Total Attachments: 1
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UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

| | |
|--|--|
| A. NAME & PHONE OF CONTACT AT FILER [optional] Steven Ostrow, Esquire 215-864-7000 | |
| B. SEND ACKNOWLEDGMENT TO: (Name and Address) White and Williams LLP 1650 Market Street One Liberty Place Suite 1800 Philadelphia, Pennsylvania 19103-7395 Attn: Steven Ostrow, Esquire | |

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

| | | | | | |
|--|-----------------------------------|--------------------------|----------------------------------|--|---------------------|
| 1a. INITIAL FINANCING STATEMENT FILE # 24197281 filed 06/06/2007 | | | | 1b. This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS. <input type="checkbox"/> | |
| 2. <input checked="" type="checkbox"/> 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. <input type="checkbox"/> 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. <input type="checkbox"/> 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 9. | | | | | |
| 5. AMENDMENT (PARTY INFORMATION): This Amendment affects <input type="checkbox"/> Debtor <u>or</u> <input type="checkbox"/> Secured Party of record. Check only <u>one</u> of these two boxes. Also check <u>one</u> of the following three boxes <u>and</u> provide appropriate information in items 6 and/or 7. <input type="checkbox"/> CHANGE name and/or address: Please refer to the detailed instructions in regards to changing the name/address of a party. <input type="checkbox"/> DELETE name: Give record name to be deleted in item 6a or 6b. <input type="checkbox"/> 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 May National Associates of New Jersey, Inc. | | | | | |
| 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. <u>SEE INSTRUCTIONS</u> | ADD'L INFO RE ORGANIZATION DEBTOR | 7e. TYPE OF ORGANIZATION | 7f. JURISDICTION OF ORGANIZATION | 7g. ORGANIZATIONAL ID #, if any <input type="checkbox"/> NONE | |
| 8. AMENDMENT (COLLATERAL CHANGE): check only <u>one</u> box. Describe collateral <input type="checkbox"/> deleted or <input type="checkbox"/> added, or give entire <input type="checkbox"/> restated collateral description, or describe collateral <input type="checkbox"/> assigned. | | | | | |

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|---|----------------------------|--|------------|-------------|--------|
| 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 <input type="checkbox"/> and enter name of DEBTOR authorizing this Amendment. | | | | | |
| 9a. ORGANIZATION'S NAME TD BankNorth, N.A., successor by merger to Interchange Bank | | | | | |
| OR | 9b. INDIVIDUAL'S LAST NAME | | FIRST NAME | MIDDLE NAME | SUFFIX |

10. OPTIONAL FILER REFERENCE DATA

To be filed with the New Jersey Department of Treasury Commercial Recording {30719-4}