

**TRADEMARK ASSIGNMENT**

Electronic Version v1.1  
 Stylesheet Version v1.1

<b>SUBMISSION TYPE:</b>		NEW ASSIGNMENT	
<b>NATURE OF CONVEYANCE:</b>		RELEASE BY SECURED PARTY	
<b>CONVEYING PARTY DATA</b>			
<b>Name</b>	<b>Formerly</b>	<b>Execution Date</b>	<b>Entity Type</b>
WACHOVIA BANK, NATIONAL ASSOCIATION		08/09/2010	INC. ASSOCIATION: UNITED STATES
<b>RECEIVING PARTY DATA</b>			
<b>Name:</b>	TRIALGRAPHIX, INC.		
<b>Street Address:</b>	3300 CORPORATE WAY		
<b>City:</b>	MIRAMAR		
<b>State/Country:</b>	FLORIDA		
<b>Postal Code:</b>	33025		
<b>Entity Type:</b>	CORPORATION: FLORIDA		
<b>PROPERTY NUMBERS Total: 4</b>			
<b>Property Type</b>	<b>Number</b>	<b>Word Mark</b>	
Registration Number:	1740126	TRIALGRAPHIX	
Registration Number:	2090110	TRIALLOGIX	
Registration Number:	2508252	IBRIEF	
Registration Number:	3096027	EXHIBITOR	
<b>CORRESPONDENCE DATA</b>			
<b>Fax Number:</b>	(212)949-9190		
<b>Phone:</b>	212-949-9022		
<b>Email:</b>	jabelman@lawabel.com		
<i>Correspondence will be sent to the e-mail address first; if that is unsuccessful, it will be sent via US Mail.</i>			
<b>Correspondent Name:</b>	JULIANNE ABELMAN		
<b>Address Line 1:</b>	666 THIRD AVE		
<b>Address Line 2:</b>	10TH FLOOR		
<b>Address Line 4:</b>	NEW YORK, NEW YORK 10017-5621		
<b>ATTORNEY DOCKET NUMBER:</b>	15706		

CH \$115.00 1740126

**900202740**

**TRADEMARK**  
**REEL: 004627 FRAME: 0630**

NAME OF SUBMITTER:	JULIANNE ABELMAN
Signature:	/JA/
Date:	09/22/2011
Total Attachments: 2 source=TRIALGRAPHIX WACHOVIA#page1.tif source=TRIALGRAPHIX WACHOVIA#page2.tif	

# iLien Cover Page

Date Printed: 08/18/2010

Debtor:  
TRIALGRAPHIX, INC  
3300 CORPORATE WAY  
MIRAMAR, FL 33025

SUB/RC: 20020003307  
Bk/Obligor: 01/9064595051  
Obligation/Cr Ref: 18  
REF4: A651899  
Ref5:  
Ref6:  
Ref7:  
Law Firm Bill Code:

iLien File #: 42465810  
Order Confirmation #: 24718651

UserID: 180029  
Number of Collateral Pages Attached: 0

Transaction Type: Termination  
Jurisdiction: CA, Los Angeles

**UCC FINANCING STATEMENT AMENDMENT**

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

CT Lien Solutions  
Representation of filing

This filing is Completed  
File Number : 20101098340  
File Date : 09-Aug-2010

A. NAME & PHONE OF CONTACT AT FILER (optional) <b>Phone: Fax:</b>	
B. SEND ACKNOWLEDGMENT TO: (Name and Address)	
Wells Fargo Bank, N.A. Collateral Serv Dept. MAC D4004-032 P.O. Box 2705 Winston-Salem NC, 27199-8182	24718651  CACA
11439 - WACHOVIA BANK BCS WINSTON-SALE File With: Los Angeles, CA	

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a. INITIAL FINANCING STATEMENT FILE # 06 1915522 8/26/2006 CC CA Los Angeles		1b. This FINANCING STATEMENT AMENDMENT is to be filed (for records or records) 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 in Item 7c; and also give name of assignor in Item 9.			
5. AMENDMENT (PARTY INFORMATION): This Amendment affects <input type="checkbox"/> Debtor or <input type="checkbox"/> Secured Party of record. Check only one of these two boxes. Also check one of the following three boxes and 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			
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. SEE INSTRUCTIONS	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 one box.  
Describe collateral  deleted or  added, or give entire  restated collateral description, or describe collateral  assigned.

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 the is a termination authorized by a Debtor, check here <input type="checkbox"/> and enter name of DEBTOR authorizing this Amendment.			
9a. ORGANIZATION'S NAME WACHOVIA Bank, N.A.			
OR	9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME SUFFIX

10. OPTIONAL FILER REFERENCE DATA 24718651	Debtor Name: TRIALGRAPHIX, INC 20020003307	01/9064595051
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