OP \$215.00 7717223

TRADEMARK ASSIGNMENT

Electronic Version v1.1 Stylesheet Version v1.1

SUBMISSION TYPE: NEW ASSIGNMENT

NATURE OF CONVEYANCE: RELEASE BY SECURED PARTY

CONVEYING PARTY DATA

Name	Formerly	Execution Date	Entity Type
Standard Chartered Bank		07/09/2012	PLC: UNITED KINGDOM

RECEIVING PARTY DATA

Name:	Core Education and Consulting Solutions, Inc.	
Street Address:	Three Ravinia Drive	
Internal Address:	Suite 1900	
City:	Atlanta	
State/Country:	GEORGIA	
Postal Code:	30346	
Entity Type:	CORPORATION: TENNESSEE	

PROPERTY NUMBERS Total: 8

Property Type	Number	Word Mark
Serial Number:	77172234	CORE ECS
Serial Number:	77172165	CORE-ECS BRIGHT IDEA
Serial Number:	77172127	CORE-ECS STAR
Serial Number:	77172204	CORE-ECS UNIQUE ID
Serial Number:	77062538	ECS BRIGHT IDEA
Serial Number:	77062445	BRIGHT IDEA
Serial Number:	75764330	PATIENT RECORD IMMUNIZATION SYSTEM MANAGER
Serial Number:	75764190	ECSDTOOL QUERY ANY DATA ANYWHERE!

CORRESPONDENCE DATA

Fax Number: 6782124196

Correspondence will be sent to the e-mail address first; if that is unsuccessful, it will be sent

via US Mail.

Phone: 6788236612

Email: ljackson@jack-law.com

TRADEMARK REEL: 004934 FRAME: 0498

900242996

Correspondent Name: Leah D Jackson Address Line 1: 100 Peachtree Street Address Line 2: Suite 2150 Atlanta, GEORGIA 30303 Address Line 4: NAME OF SUBMITTER: Leah D Jackson Signature: /ldj/ 01/03/2013 Date: Total Attachments: 5 source=Tennessee UCC Termination Statement - 212036468#page1.tif source=Tennessee UCC Termination Statement - 212036468#page2.tif source=Tennessee UCC Termination Statement - 212036469#page1.tif source=Tennessee UCC Termination Statement - 212036469#page2.tif source=Washington DC UCC Termination Statement - 2012075623#page1.tif

> TRADEMARK REEL: 004934 FRAME: 0499

Tre Hargett Secretary of State



Uniform Commercial Code 312 Rosa L. Parks Avenue 6th Fl. Wm.R. Snodgrass Tower Nashville, Tennessee 37243 (615) 741-3276

DATE: 07/10/12

To:

ALLEN & OVERY LLP

1221 AVENUE OF THE AMERICAS

21ST FLOOR

NEW YORK, NY 10020

RE:UCC3 Filing No. 212036468

Indebtedness for the filing: \$0

Transaction Type:

Termination

UCC1 Filing No :

309010521

Maturity Date :

03/06/14

Debtor Name :

CORE EDUCATION AND CONSULTING SOLUTIONS INC

3 RAVINIA DRIVE

SUITE 1900

ATLANTA, GA 30346

This acknowledges the filing of the attached UCC3 document. Please review the above data to ensure the information corresponds with information on the submitted UCC form. In the event a discrepancy is found, please note the error and return the entire package to our office.

If we may be of any further service to you, please contact us at (615) 741-3276.

Enclosures:

Original Documents

PAYMENT INFORMATION:

Paid Fees

Paid Taxes

\$15

\$0.00

LOW INSTRUCTIONS		ENT AMENDMEN CAREFULLY	IT		SSEE S	ENDERED FOR F ECRETARY OF S /12 02:22 PM	
NAME & PHONE OF C	ONTACT AT FILE	R [optional]				2-036468	
SEND ACKNOWLEDG	MENT TO: (Nam	e and Address)					
Allen & Ov	very LLP ue of the An	naniaaa	1				
21st Floor	ne of the An	tericas					
New York,	NY 10020						
bk_paraleg	gal_newyorl	allenovery.com					
<u>L</u>			—	THE ABOVE SP	ACE IS EN	R FILING OFFICE USE	: ONL V
INITIAL FINANCING STAT				THE ABOVE OF	1b. This	FINANCING STATEMENT	AMENDMENT is
	ile Date: 03/				REA	e filed [for record] (or recor L ESTATE RECORDS,	
		nancing Statement identified above is Financing Statement identified abo				i.	
continued for the addit	ional period provide	d by applicable law.	we with respect to security	Interest(s) of the Secured	Party autho	rizing this Continuation St	atement is
ASSIGNMENT (full of	or partial): Give nan	ne of assignee in item 7a or 7b and a	address of assignee in item	7c; and also give name of	assignor in i	tem 9.	
•		· —	<u>—</u>	of record. Check only <u>o</u>	<u>ne</u> of these t	wo boxes.	
CHANGE name and/ora	ddress: Please refer	<u>d</u> provide appropriate information in i tothe detailed instructions	DELETE name; Give	record name	ADD n	ame: Complete item 7a or 7b mplete items 7e-7g (if applic	o, and also item 7c;
in regards to changing the CURRENT RECORD INI		рапу	to be deleted in item	6a or 5b.	alsoco	mplete items 7e-7g (if applic	able).
6a, ORGANIZATION'S N	IAME						****
6b. INDIVIDUAL'S LAST	NAME		FIRST NAME		MIDDLE	JAME	SUFFIX
							GOTTIX
CHANGED (NEW) OR A		ION:					
7a. ORGANIZATION'S N	IAME						· .
76. INDIVIDUAL'S LAST	NAME		FIRST NAME		MIDDLE	NAME	SUFFIX
MAILING ADDRESS			CITY		STATE	POSTAL CODE	COUNTRY
SEEINSTRUCTIONS	TADO'L INFO RE	7e. TYPE OF ORGANIZATION	7f, JÚRISDICTION OF C	MPGANIZATION	Za OPG	ANIZATIONAL ID#, if any	
	ORGANIZATION DEBTOR	1	THE STATE OF THE S	A COUNTRY OF	J. G.C.	and the later of the later	П
	_1.	E): check only one box.					L NON

FILING OFFICE COPY — UCC FINANCING STATEMENT AMENDMENT (FORM UCC3) (REV. 05/22/02)

10,0PTIONAL FILER REFERENCE DATA

File with Tennessee Secretary of State

Debtor: Core Education and Consulting Solutions, Inc.

Tre Hargett Secretary of State



Uniform Commercial Code 312 Rosa L. Parks Avenue 6th Fl. Wm.R. Snodgrass Tower Nashville, Tennessee 37243 (615) 741-3276

DATE: 07/10/12

To:

ALLEN & OVERY LLP

1221 AVENUE OF THE AMERICAS

21ST FLOOR

NEW YORK, NY 10020

RE:UCC3 Filing No. 212036469

Indebtedness for the filing: \$0

Transaction Type:

Termination

UCC1 Filing No:

309010522

Maturity Date :

03/06/14

Debtor Name :

CORE EDUCATION AND CONSULTING SOLUTIONS INC

3 RAVINIA DRIVE

SUITE 1900

ATLANTA, GA 30346

This acknowledges the filing of the attached UCC3 document. Please review the above data to ensure the information corresponds with information on the submitted UCC form. In the event a discrepancy is found, please note the error and return the entire package to our office.

If we may be of any further service to you, please contact us at (615) 741-3276.

Enclosures:

Original Documents

PAYMENT INFORMATION:

Paid Fees

Paid Taxes

\$15

\$0.00

JCC FINANCINO OLLOW INSTRUCTIONS A. NAME & PHONE OF C	S (front and back)		:NT	RECEI TENN	ESSEE (07/0)	TENDERED FOR BECRETARY OF 1/12 02:23 PM 12-036469	STATE
21st Floor	very LLP ue of the An	·	·				
New York, bk_parales		k@allenovery.com					
	5 <u>_</u> , o		_	THE ABOVE OR	40E IO FOI	O PRI INO OFFICE HO	im made so
a. INITIAL FINANCING STATE 309-010522 F	rement file #	/09/2009		THE ABOVE SP	1b. This	R FILING OFFICE US FINANCING STATEMER offiled [for record] (or rec L ESTATE RECORDS.	NT AMENDMENT
			ve is terminated with respect to secu		Secured Par	y authorizing this Termin	
3. CONTINUATION: I continued for the additional continued for the addition	Effectiveness of the ional period provide	Financing Statement identified by applicable law.	above with respect to security intere	st(s) of the Secure	d Party autho	rizing this Continuation 5	Statement is
ASSIGNMENT (full	or partial): Give nan	ne of assignee in item 7a or 7b a	nd address of assignee in item 7c; a	nd also give name o	f assignor In i	tem 9.	
•	•	·	Debtor of Secured Party of re	oord. Check only g	ne of these t	wo boxes.	
CHANGE name and/ora	address: Please refer	 g provide appropriate information to the detailed instructions 	DELETE name; Give reco		☐ ADDn	ame: Complete item 7a or	7b. and also item 7c
in regards to changing to CURRENT RECORD IN		party.	to be deleted in item 6a or	6b.	also co	mplete items 7e-7g (if appl	cable).
6a, ORGANIZATION'S N	IAME			1.4			٠.,
OR 86. INDIVIDUAL'S LAST	NAME		FIRST NAME		MIDDLE	NAME -	SUFFIX
. CHANGED (NEW) OR A		TON:					
7a. ORGANIZATION S P	NAIME						
76. INDIVIDUAL'S LAST	NAME	·	FIRST NAME	<u> </u>	MIDDLE	NAME	SUFFIX
c. MAILING ADDRESS			CITY		STATE	POSTAL CODE	COUNTRY
d. SEE INSTRUCTIONS		7e. TYPE OF ORGANIZATION	7f, JURISDICTION OF ORGA	NIZATION	7g. ORG	 ANIZATIONAL ID #, if an	У
	ORGANIZATION DEBTOR	1					Пм
	oleted or added	, or give entire restated col	lateral description, or describe colla				
adds collateral or adds the 9a. ORGANIZATION'S N	authorizing Debtor, NAME	or if this is a Termination author	AMENDMENT (name of assignor, rized by a Debtor, check here an			an Amendment authorizations this Amendment.	ed by a Debtor whi
Standard Cha		k					
96. INDIVIDUAL'S LAS	FNAME		FIRST NAME		MIDDLE	NAME	SUFFIX

10 OPTIONAL FILER REFERENCE DATA

File with Tennessee Secretary of State

FILING OFFICE COPY — UCC FINANCING STATEMENT AMENDMENT (FORM UCC3) (REV. 05/22/02)

Debtor: Core Education and Consulting Solutions, Inc.

ď	ŀ		The same in
			\ \$\
			Land II

Doc4 2012075683

6.56 25.68

JCC FINANCING STATEMENT AMENUMEN	T		₹	ថ1.ជីសិ
FOLLOW INSTRUCTIONS (front and back) CAREFULLY				
A, NAME & PHONE OF CONTACT AT FILER [optional]				
B. SEND ACKNOWLEDGMENT TO: (Name and Address)				
Allen & Overy LLP	L			
1221 Avenue of the Americas				
21st Floor				
New York, NY 10020				
_ bk_paralegal_newyork@allenovery.com	,			
<u> </u>	<u>_</u>			
1a. INITIAL FINANCING STATEMENT FILE #	THE ABOVE \$		ILING OFFICE US	
2009023333 File Date: 03/09/2009		to be fill	NANCING STATEMEN led [for record] (or rec ESTATE RECORDS.	orded) in the
2, TERMINATION: Effectiveness of the Financing Statement identified above in	s terminated with respect to security interest(s) of the	e Secured Party a	uthorizing this Termin	ation Statement,
CONTINUATION: Effectiveness of the Financing Statement identified abordinued for the additional period provided by applicable law.	we with respect to security interest(s) of the Secur	ed Party authorizi	ng this Continuation S	Statement is
4. ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and a	address of assignee in Item 7c; and also give name	of assignor in item	n 9.	
5. AMENDMENT (PARTY INFORMATION): This Amendment affects De	ebtor or Secured Party of record. Check only	one of these two	boxes,	
Also check one of the following three boxes and provide appropriate information in i	items 8 and/or 7.			
CHANGE name and/oraddress: Please refer to the detailed instructions in regards to changing the name/address of a party.	DELETE name: Give record name to be deleted in item 6a or 6b.	ADDnam	e: Complete item 7a or plete items 7e-7g (if app	7b, and also item 7c;
6, CURRENT RECORD INFORMATION:			130	1000000
6a. ORGANIZATION'S NAME				· · ·
OR 6b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NA	ME	SUFFIX
				1
7. CHANGED (NEW) OR ADDED INFORMATION:				
7a. ORGANIZATION'S NAME				
7b, INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NA	AME	SUFFIX
7c, MAILING ADDRESS	СІТҮ	STATE	POSTAL CODE	COUNTRY
7d, SEE INSTRUCTIONS ADD'L INFO RE 7e, TYPE OF ORGANIZATION ORGANIZATION	7f, JURISDICTION OF ORGANIZATION	7g, ORGAN	HZATIONAL ID #, if ar	ny
DEBTOR				NON
8. AMENDMENT (COLLATERAL CHANGE); check only one box.				
Describe collateral deleted or added, or give entire restated collate	eral description, or describe collateralassign	ed.		

9. 1	NAME OF SECURED PARTY OF RECORD AUTHOL adds collateral or adds the authorizing Cebtor, or if this is a Ter	RIZING THIS AMENDMENT (name of assignor, if this mination authorized by a Debtor, check here 🔲 and enter	is an Assignment). If this is an Amendment aut ir name of DEBTOR authorizing this Amendme	horized by a Debtor which ent.
	Standard Chartered Bank, as Secu	rity Agent		
OK	96. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
10.	OPTIONAL FILER REFERENCE DATA			

File with Recorder of Deeds, Washington, D.C.

Debtor: Core Projects and Technologies Limited