

TRADEMARK ASSIGNMENT

Electronic Version v1.1
 Stylesheet Version v1.1

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|--|---|----------|-------------------------------------|
| SUBMISSION TYPE: | NEW ASSIGNMENT | | |
| NATURE OF CONVEYANCE: | Termination of Security Interest | | |
| CONVEYING PARTY DATA | | | |
| | Name | Formerly | Execution Date |
| | Wells Fargo Bank | | 12/22/2012 |
| | | | National Association: |
| RECEIVING PARTY DATA | | | |
| Name: | Omniplex World Services Corporation | | |
| Street Address: | 14840 Conference Center Drive | | |
| City: | Chantilly | | |
| State/Country: | VIRGINIA | | |
| Postal Code: | 20151 | | |
| Entity Type: | CORPORATION: VIRGINIA | | |
| PROPERTY NUMBERS Total: 2 | | | |
| | Property Type | Number | Word Mark |
| | Registration Number: | 2859769 | RIGHT PEOPLE. RIGHT VALUES. |
| | Registration Number: | 3896811 | OMNIPLEX WORLD SERVICES CORPORATION |
| CORRESPONDENCE DATA | | | |
| Fax Number: | 2023448300 | | |
| | <i>Correspondence will be sent to the e-mail address first; if that is unsuccessful, it will be sent via US Mail.</i> | | |
| Phone: | 2023444976 | | |
| Email: | rliebowitz@venable.com, trademarkdocket@venable.com | | |
| Correspondent Name: | Rebecca Liebowitz | | |
| Address Line 1: | c/o Venable LLP | | |
| Address Line 2: | P.O. Box 34385 | | |
| Address Line 4: | Washington, DISTRICT OF COLUMBIA 20043 | | |
| ATTORNEY DOCKET NUMBER: | 080371-338856 | | |
| NAME OF SUBMITTER: | Rebecca Liebowitz | | |
| Signature: | /rebecca liebowitz/ | | |
| Date: | 02/19/2013 | | |
| Total Attachments: 1 source=Wells Fargo Security Release - Omni#page1.tif | | | |

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UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER [optional]
Vikki Saeteurn (800) 222-2122

B. SEND ACKNOWLEDGMENT TO: (Name and Address)

**Corporation Service Company
 2711 Centerville Rd
 Suite 400
 Wilmington, DE 19808**

File Number 12-12-22-5293-0
 File Date and Time December 22, 2012 at 02:14 PM.
 Filed Virginia State Corporation Commission

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a. INITIAL FINANCING STATEMENT FILE # **10122141044**

1b. This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS.

2. **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. **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. **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 Debtor 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 items 6 and/or 7.

CHANGE name and/or address: 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. **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 this is a Termination authorized by a Debtor, check here and enter name of **DEBTOR** authorizing this Amendment

9a. ORGANIZATION'S NAME
WELLS FARGO BANK, NATIONAL ASSOCIATION

OR

| | | | |
|----------------------------|------------|-------------|--------|
| 9b. INDIVIDUAL'S LAST NAME | FIRST NAME | MIDDLE NAME | SUFFIX |
|----------------------------|------------|-------------|--------|

10. OPTIONAL FILER REFERENCE DATA