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# TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1 Stylesheet Version v1.2

| SUBMISSION TYPE:      | CORRECTIVE ASSIGNMENT  |  |  |
|-----------------------|--|--|--|
| NATURE OF CONVEYANCE: | Corrective Assignment to correct the Tutor Time Learning Centers, LLC (a Michigan Corporation) previously recorded on Reel 003445 Frame 0198. Assignor(s) hereby confirms the Tutor Time Learning Centers, LLC (a Michigan Limited Liability Company). |  |  |
| SEQUENCE:             | 1  |  |  |

#### **CONVEYING PARTY DATA**

| Name                              | Formerly | Execution Date | Entity Type          |
|-----------------------------------|----------|----------------|----------------------|
| Tutor Time Learning Systems, Inc. |          | 05/19/2014     | CORPORATION: FLORIDA |

#### RECEIVING PARTY DATA

| Name:           | Tutor Time Learning Centers, LLC    |  |  |  |
|-----------------|-------------------------------------|--|--|--|
| Street Address: | 21333 Haggerty Road, Suite #300     |  |  |  |
| City:           | Novi                                |  |  |  |
| State/Country:  | MICHIGAN                            |  |  |  |
| Postal Code:    | 48375                               |  |  |  |
| Entity Type:    | LIMITED LIABILITY COMPANY; MICHIGAN |  |  |  |

#### PROPERTY NUMBERS Total: 5

| Property Type | Number | Word Mark |
|---------------|--------|-----------|

# USPTO. ETAS. Receipt

| Registration<br>Number: | 2308180 | "POOKIE"                                 |
|-------------------------|---------|--|
| Registration<br>Number: | 1844815 | TUTOR TIME                               |
| Registration<br>Number: | 2500116 | TUTOR TIME                               |
| Registration<br>Number: | 2490562 | TUTOR TOWNE                              |
| Registration<br>Number: | 2673903 | TUTOR TIME CENTER FOR ACADEMIC ENRICHMEN |

#### CORRESPONDENCE DATA

Fax Number:

5616256572

Phone:

561-625-6575

Email:

ustrademarks@mchaleslavin.com

Correspondence will be sent to the e-mail address first: If that is unsuccessful, it will be sent using a fax number, if provided; if that is unsuccessful, it will be sent via US Mall.

Correspondent Name:

Carl J. Spagnuolo, McHale & Slavin, P.A.

Address Line 1:

2855 PGA Blvd.

Address Line 4:

Palm Beach Gardens, FLORIDA 33410

ATTORNEY DOCKET

NUMBER:

2609U.000031

NAME OF SUBMITTER:

Carl J. Spagnuolo

Signature:

/Carl J. Spagnuolo/

Date:

05/21/2014

#### Total Attachments: 2

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### RECEIPT INFORMATION

ETAS ID:

TM305183

Receipt Date:

05/21/2014

Fee Amount:

\$140

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5/21/2014

Form PTO-1594 (Rev. 07/05)

11-28-2006

103341794 U.S. DEPARTMENT OF COMMERCES

|  | To the Director of the U.S. Patent and Trademark Office: Plea   | se record the ettached documents or the liber addresses is below  |  |  |
|--|---|---|--|--|
| 1  | I. Name of conveying party(les):  | 2. Name and address of receiving party(les)   |  |  |
| 81:08                                    | Tutor Time Learning Systems, Inc.   | Additional names, addresses, or citizenship attached?   |  |  |
|  |   | Name: Tutor Time Learning Centers, LLC  |  |  |
|  | - non-section   | Internal  |  |  |
|  | Individual(s) Association   | Address:  |  |  |
|  | General Partnership Limited Partnership   | Street Address: 21333 Haggerty Road, Suite #300   |  |  |
|  | Corporation- State: Florids  Other  | City: Novi  |  |  |
| - 1                                      |   | State: Michigan   |  |  |
| - 1                                      | Citizenship (see guidelines)  | Country: U.S.A, Zip: 48375  |  |  |
| ^  | dditional names of conveying parties attached? Yes 📝 No   |   |  |  |
| :  | 3. Nature of conveyance )/Execution Date(s):  | General Partnership Citizenship   |  |  |
| ŀ  | Execution Dale(s) November 9, 2006  | Limited Partnership Citizenship   |  |  |
| - 1                                      |   | Corporation Citizenship   |  |  |
|  |   | OtherCitizenship  |  |  |
|  | Security Agreement Change of Name   | If assignee is not domiciled in the United States, a domestic representative designation is attached: Yes Z No  |  |  |
| L  | Other   | (Designations must be a separate document from assignme   |  |  |
|  | Application number(s) or registration number(s) and<br>A. Trademark Application No.(s)  | B. Trademark Registration No.(s) (see attached addendum)  |  |  |
| .  |   |   |  |  |
| -  | C. Identification or Description of Trademark(s) (and Filing  | Additional sheet(s) attached? Yes Additional sheet(s) attached? Yes Additional sheet(s) attached?   |  |  |
| 10                                       | . Identification of Description of Trademark(s) (and Filing   | Data ii Application of Neglandion retineer is charactering  |  |  |
| - 1                                      |   |   |  |  |
| 1  | . Name & address of party to whom correspondence  | 6. Total number of applications and   |  |  |
|  | concerning document should be mailed:   | registrations involved: 13  |  |  |
|  | Varne: Can J. Spagnuolo, McHala & Slavin, P.A.  |   |  |  |
| 1  |   | N T-4-1500 (27 CER 26/h)(6) & 341) \$ 520 00  |  |  |
| 1  | nternal Address:  |   |  |  |
| 1  | nternal Address:  | Authorized to be charged by credit card   |  |  |
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| 1  | nternal Address:Street Address: 2855 PGA Blvd.  | Authorized to be charged to deposit account  Enclosed   |  |  |
| N 11 8                                   | Street Address: 2855 PGA Blvd.  | Authorized to be charged by credit card Authorized to be charged to deposit account Enclosed  8. Payment Information:   |  |  |
| 11                                       | City: Palm Beach Gardens  | Authorized to be charged by credit card Authorized to be charged to deposit account Enclosed  8. Payment Information: Credit Card Last 4 Numbers  |  |  |
| 1 5                                      | Street Address: 2855 PGA Blvd.  City: Palm Beach Gardens  State: Florida Zlp: 33410   | Authorized to be charged by credit card Authorized to be charged to deposit account Enclosed  8. Payment Information: a. Credit Card Last 4 Numbers Expiration Date   |  |  |
| N 11 S                                   | City: Palm Beach Gardens  State: Florids  Phone Number: (561) 625-6575  | Authorized to be charged by credit card Authorized to be charged to deposit account Enclosed  8. Payment Information: a. Credit Card Last 4 Numbers Expiration Date  b. Deposit Account Number  |  |  |
| N 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1   | City: Palm Beach Gardens  State: Florida  Phone Number: (561) 625-6575  Fax Number: (561) 625-6572  | Authorized to be charged by credit card Authorized to be charged to deposit account Enclosed  8. Payment Information: a. Credit Card Last 4 Numbers Expiration Date  b. Deposit Account Number Authorized User Name   |  |  |
| 1 S                                      | Street Address: 2855 PGA Blvd.  City: Palm Beach Gardens  State: Flonds  Phone Number: (561) 625-6575  Fax Number: (561) 625-6572  Ernall Address: palmbeach@mapatents.com  | Authorized to be charged by credit card Authorized to be charged to deposit account Enclosed  8. Payment Information: a. Credit Card Last 4 Numbers Expiration Date  b. Deposit Account Number Authorized User Name   |  |  |
| 10 S S S S S S S S S S S S S S S S S S S | City: Palm Beach Gardens  State: Florids  Phone Number: (561) 625-6575  Fax Number: (561) 025-6572  Ernall Address: palmbeach@mapatents.com  9. Signature:  | Authorized to be charged by credit card Authorized to be charged to deposit account Enclosed  8. Payment Information: a. Credit Card Last 4 Numbers Expiration Date  b. Deposit Account Number Authorized User Name  11 - 20 - 06 Date                                    |  |  |
|  | City: Palm Beach Gardens  State: Flonds  Phone Number: (561) 625-6575  Fax Number: (561) 625-6572  Ernall Address: palmbeach@mapatents.com  9. Signature:  Signature  Signature   | Authorized to be charged by credit card Authorized to be charged to deposit account Enclosed  8. Payment Information: a Credit Card Last 4 Numbers Expiration Date  b. Deposit Account Number Authorized User Name  11 - 20 - 06 Date  Technique of pages including cover |  |  |
|  | Street Address: 2855 PGA Blvd.  City: Palm Beach Gardens  State: Flonda  Phone Number: (561) 625-6575  Fax Number: (561) 625-6572  Ernall Address: palmbeach@mapatents.com  9. Signature:  60000139 2308160  Signature  Signature | Authorized to be charged by credit card Authorized to be charged to deposit account Enclosed  8. Payment Information: a Credit Card Last 4 Numbers Expiration Date  b. Deposit Account Number Authorized User Name  11 - 20 - 06 Date  Technique of pages including cover |  |  |

TRADEMARK

**REEL: 005324 FRAME: 0370** 

#### **ADDENDUM**

- Trademark: NOODLES DOODLES & OODLES, U.S. Registration No. 2515996
- 2) Trademark: POOKIE, U.S. Registration No. 2308180

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- 3) Trademark: PUDDLES, U.S. Registration No. 2447272
- 4) Trademark: SNEEZES, U.S. Registration No. 2447273
- 5) Trademark: SNIFFLES, U.S. Registration No. 2447274
- 6) Trademark: TUTOR TIME (stylized), U.S. Registration No. 1844815
- 7) Trademark: TUTOR TIME (typed drawing), U.S. Registration No. 2500116
- 8) Trademark: TUTOR TIME ADVENTURE CLUB, U.S. Registration No. 2694498
- 9) Trademark: TUTOR TIME CENTER FOR ACADEMIC ENRICHMENT, U.S. Registration No. 2673903
- 10) Trademark: TUTOR TIME HANDWRITING HELPERS, U.S. Registration No. 2603804
- 11) Trademark: TUTOR TIME MATH MAGIC, U.S. Registration No. 2573151
- 12) Trademark: TUTOR TIME P.R.E.P. , U.S. Registration No. 2571054
- 13) Trademark: TUTOR TOWNE, U.S. Registration No. 2490562

TRADEMARK REEL: 005324 FRAME: 0371

| ASSIGNOR: | Tutor Time Learning Systems, Inc. |                              |            |                 |  |
|-----------|-----------------------------------|------------------------------|------------|-----------------|--|
|           | Status:                           | a Florida Corporation        |            |                 |  |
|           | Address:                          | 21333 Haggerty Road, Suite # |            |                 |  |
|           | City:                             | Novi                         | State/Zip: | Michigan, 48375 |  |
| ASSIGNEE: | Tutor Time                        | Learning Centers, LLC        |            |                 |  |
| ÷         | Status:                           | A Michigan Limited Liability |            |                 |  |
|           | Address:                          | 21333 Haggerty Road, Suite # | 300        |                 |  |

TITLE OF TRADEMARK/SERVICE MARK: See Attached Addendum Serial No. / Registration No. See attached

Novi

City:

The Assignor having used, filed for, and/or obtained registration of the Trademark(s) set forth in the attached addendum, and the Assignee being desirous of acquiring the same; in consideration of One Dollar (\$1.00) and other good and valuable consideration, the Assignor hereby assigns to the Assignee, including their successors, assigns, heirs, administrators, all of the Assignor's right, title and interest and goodwill associated with the Trademark(s) including any applications and registrations which may evolve or have evolved therefrom, including the right to prepare derivative marks;

The Assignor further assigns all right, title and interest in and to said Trademark(s) in all foreign countries, and all applications for Trademark Registration in foreign countries and any registrations which may evolve or have evolved therefrom, including the right to claim International Convention priority; and

The Assignor agrees to execute any papers or perform any acts required to establish, vest or protect the Assignee's rights therein or required by Assignee to obtain said Trademark, without any additional payment therefor, but without any expense to Assignor.

Tutor Time Learning Systems, Inc.

Date: 5-19-14

Personally known

Title: Secretary, and General Counsel

STATE OF Maichigan

COUNTY OF Oakland

Before me this 19 day of May 2014, personally appeared the above named individual, to me known to be the person described in, and who executed the foregoing assignment instrument and acknowledge to me that he executed the same on his own free will for the purpose therein expressed.

; Produced ID & type

Notary Public

NOTARY PUBLIC, STATE OF MI COUNTY OF CARLAND

State/Zip: Michigan, 48375

ACTING IN COUNTY OF OAKLAND

Carve 9 Brade

TRADEMARK **REEL: 005324 FRAME: 0372**  FAX 561 625 6572 McHale & Slavin, P.A.

## ADDENDUM

Mark Registration No.

Mark: POOKIE Registration No. 2308180

Mark: TUTOR TIME (Stylized) Registration No. 1844815

Mark: TUTOR TIME (typed drawing) Registration No. 2500116

Mark: TUTOR TOWNE Registration No. 2490562

Mark: TUTOR TIME CENTER FOR ACADEMIC ENRICHMENT

Registration No. 2673903

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**RECORDED: 05/21/2014**