09/18/2018



Form PTO-1594 (Rev. 12-1.1)
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U.S. DEPARTMENT OF COMMERCE nited States Patent and Trademark Office

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9/4/18

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	ase record the attached documents or the new address(es) below.
1. Name of conveying party(ies):	2. Name and address of receiving party(ies)
FIFTH THIRD BANK	Additional names, addresses, or citizenship attached?
	Name: Advanced Control Systems, Inc.
Individual(s) Association	Street Address: 2755 Northwoods Parkway
Partnership Limited Partnership	City: Norcross
X Corporation- State: OHIO	State: GA
Other	Country: USA Zip: 30071
Citizenship (see guidelines) OHIO	Individual(s) Citizenship
dditional names of conveying parties attached? Yes X N	
	Partnership Citizenship
3. Nature of conveyance/Execution Date(s):	Limited Partnership Citizenship
Execution Date(s) August 24, 2018	Corporation Citizenship
Assignment Merger	X Other Inc Citizenship GA
Security Agreement Change of Name	If assignee is not domiciled in the United States, a domestic
X Other Release of Security Interest	representative designation is attached: Yes No (Decignations must be a separate document from assignment)
O Identification on Description of Trademark/s) (and Film	Additional sheet(s) attached? Yes No
C. Identification or Description of Trademark(s) (and Filin	
5. Name & address of party to whom correspondence concerning document should be mailed:	Additional sheet(s) attached? Yes No g Date if Application or Registration Number is unknown):
5. Name & address of party to whom correspondence concerning document should be mailed: Name: Fifth Third Bank	Additional sheet(s) attached? Yes No g Date if Application or Registration Number is unknown):
5. Name & address of party to whom correspondence concerning document should be mailed: Name: Fifth Third Bank Internal Address: 1MOBB1 Linda Morton	Additional sheet(s) attached? Yes No g Date if Application or Registration Number is unknown):  6. Total number of applications and registrations involved:  7. Total fee (37 CFR 2.6(b)(6) & 3.41) \$ 90.00
i. Name & address of party to whom correspondence concerning document should be mailed:    Iame: Fifth Third Bank	Additional sheet(s) attached? Yes No g Date if Application or Registration Number is unknown):  6. Total number of applications and registrations involved:
5. Name & address of party to whom correspondence concerning document should be mailed: Name: Fifth Third Bank Internal Address: 1MOBB1 Linda Morton Street Address: 5001 Kingsley Dr.	Additional sheet(s) attached? Yes No g Date if Application or Registration Number is unknown):  6. Total number of applications and registrations involved:  7. Total fee (37 CFR 2.6(b)(6) & 3.41) \$ 90.00
S. Name & address of party to whom correspondence concerning document should be mailed:  Name: Fifth Third Bank  Internal Address: 1MOBB1  Linda Morton  Street Address: 5001 Kingsley Dr.  City: Cincinnati	Additional sheet(s) attached? Yes No g Date if Application or Registration Number is unknown):  6. Total number of applications and registrations involved:  7. Total fee (37 CFR 2.6(b)(6) & 3.41) \$ 90.00  Authorized to be charged to deposit account X Enclosed
5. Name & address of party to whom correspondence concerning document should be mailed:  Name: Fifth Third Bank  Internal Address: 1MOBB1  Linda Morton  Street Address: 5001 Kingsley Dr.  City: Cincinnati  State: 0H Zip: 45227	Additional sheet(s) attached? Yes No g Date if Application or Registration Number is unknown):  6. Total number of applications and registrations involved:  7. Total fee (37 CFR 2.6(b)(6) & 3.41) \$ 90.00  Authorized to be charged to deposit account X Enclosed  8. Payment Information:
5. Name & address of party to whom correspondence concerning document should be mailed: Name: Fifth Third Bank Internal Address: 1MOBB1 Linda Morton Street Address: 5001 Kingsley Dr.  City: Cincinnati State: 0H Zip: 45227 Phone Number: (513) 358-0813	Additional sheet(s) attached? Yes No g Date if Application or Registration Number is unknown):  6. Total number of applications and registrations involved:  7. Total fee (37 CFR 2.6(b)(6) & 3.41) \$ 90.00  Authorized to be charged to deposit account X Enclosed  8. Payment Information:
5. Name & address of party to whom correspondence concerning document should be mailed:  Name: Fifth Third Bank  Internal Address: 1MOBB1  Linda Morton  Street Address: 5001 Kingsley Dr.  City: Cincinnati  State: OH Zip: 45227	Additional sheet(s) attached? Yes No g Date if Application or Registration Number is unknown):  6. Total number of applications and registrations involved:  7. Total fee (37 CFR 2.6(b)(6) & 3.41) \$ 90.00  Authorized to be charged to deposit account X Enclosed  8. Payment Information:
S. Name & address of party to whom correspondence concerning document should be mailed:  Name: Fifth Third Bank  Internal Address: 1MOBB1 Linda Morton  Street Address: 5001 Kingsley Dr.  City: Cincinnati  State: 0H Zip: 45227  Phone Number: (513) 358-0813  Docket Number: 1inda.morton@53.com	Additional sheet(s) attached? Yes No g Date if Application or Registration Number is unknown):  6. Total number of applications and registrations involved:  7. Total fee (37 CFR 2.6(b)(6) & 3.41) \$ 90.00  Authorized to be charged to deposit account Enclosed  8. Payment Information:  Peposit Account Number  Authorized User Name  91 (0.0521)  August 24, 2018
5. Name & address of party to whom correspondence concerning document should be mailed: Name: Fifth Third Bank Internal Address: 1MOBB1 Linda Morton Street Address: 5001 Kingsley Dr.  City: Cincinnati State: 0H Zip: 45227 Phone Number: (513) 358-0813  Docket Number: 1inda.morton@53.com	Additional sheet(s) attached? Yes No g Date if Application or Registration Number is unknown):  6. Total number of applications and registrations involved:  7. Total fee (37 CFR 2.6(b)(6) & 3.41) \$ 90.00  Authorized to be charged to deposit account Enclosed  8. Payment Information:  Peposit Account Number  Authorized User Name  91 CC:0531  August 24, 2018
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Documents to be recorded (including cover sheet) should be faxed to (571) 273-0140, or mailed to: Mail Stop Assignment Recordation Branch, Director of the USPTO, P.O. Box 1450, Alexandria, VA 22313-1450



August 24, 2018

U.S. Patent and Trademark Office P.O. Box 1450 Alexandria, VA 22313-1450

To Whom it May Concern:

RE: Release of Security Interest

Trademark Registration Number(s): 2028615, 2083077, 4025883

Name: ADVANCED CONTROL SYSTEMS, INC.

On March 3, 2014, we asked you to note an Assignment of Security Interest in connection with Advanced Control Systems, Inc., with your organization on Trademark Registration Number(s) 2028615, 2083077 & 4025883 as collateral to a note given us by the above.

Inasmuch as this has been paid, and we have no further interest in this account, we ask that you release the Security Interest recorded at Reel 5228 Frame 702, Doc #900281823.

Kathy Bohman, Assistant Vice President

Date

Prepared by: Linda Morton

ID #97536

TRADEMARK
REEL: 006441 FRAME: 0148

**RECORDED: 09/04/2018**