

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

ETAS ID: TM499820

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	RELEASE OF SECURITY INTEREST		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
Wachovia Bank, National Association		09/14/2010	Bank:
RECEIVING PARTY DATA			
Name:	Successware, Inc.		
Street Address:	50 Central Ave., Ste. 920		
City:	Sarasota		
State/Country:	FLORIDA		
Postal Code:	34236		
Entity Type:	Corporation: MISSOURI		
PROPERTY NUMBERS Total: 1			
Property Type	Number	Word Mark	
Registration Number:	2024254	SUCCESSWARE	
CORRESPONDENCE DATA			
Fax Number:			
<i>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 Mail.</i>			
Phone:	2563495436		
Email:	docketing@ipwatch.com		
Correspondent Name:	Sean Collin		
Address Line 1:	468 1/2 NORTH COURT STREET		
Address Line 4:	FLORENCE, ALABAMA 35630		
NAME OF SUBMITTER:	Meredith R. Phillips		
SIGNATURE:	/Meredith R. Phillips/		
DATE SIGNED:	11/28/2018		
Total Attachments: 4			
source=SUCCESSWARE Release of Security Interest#page1.tif			
source=SUCCESSWARE Release of Security Interest#page2.tif			
source=SUCCESSWARE Release of Security Interest#page3.tif			
source=SUCCESSWARE Release of Security Interest#page4.tif			

OP \$40.00 2024254



T0728462007

Instructions (front and back) CAREFULLY

A NAME & PHONE OF CONTACT AT FILER (optional)
Jordan Hart (704-444-3546)

B SEND ACKNOWLEDGMENT TO: (Name and Address)

JCFiling
CSC Corporation Service Company®
P.O. Box 591
Wilmington, DE 19899
(800) 927-9800

JCF
10/9/07
#17.00

06

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1 DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1a or 1b) - do not abbreviate or combine names

1a ORGANIZATION'S NAME SuccessWare, Inc.

OR 1b INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX

1c MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY

50 Central Ave., Ste. 920 Sarasota FL 34236 US

1d TAX ID #: SSN OR EIN ADD'L INFO RE ORGANIZATION DEBTOR 1e TYPE OF ORGANIZATION Corporation 1f JURISDICTION OF ORGANIZATION Missouri 1g ORGANIZATIONAL ID #, if any MO # 00417118 NONE

2 ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (2a or 2b) - do not abbreviate or combine names

2a ORGANIZATION'S NAME

OR 2b INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX

2c MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY

2d TAX ID #: SSN OR EIN ADD'L INFO RE ORGANIZATION DEBTOR 2e TYPE OF ORGANIZATION 2f JURISDICTION OF ORGANIZATION 2g ORGANIZATIONAL ID #, if any NONE

3 SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR &P) - insert only one secured party name (3a or 3b)

3a ORGANIZATION'S NAME Wachovia Bank, National Association

OR 3b INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX

3c MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY

1525 West Harris Boulevard Charlotte NC 28262 USA

4 This FINANCING STATEMENT covers the following collateral:
This financing statement covers all assets of the Debtor, whether now existing or hereafter acquired.

5. ALTERNATIVE DESIGNATION (if applicable) LESSEE/LESSOR CONSIGNEE/CONSIGNOR BAILEE/BAILOR SELLER/BUYER AG. LIEN NON-UCC FILING

6 This FINANCING STATEMENT is to be filed (or recorded) in the REAL ESTATE RECORDS. Attach Affidavit (if applicable) 7 Check to REQUEST SEARCH REPORT(S) on Debtor(s) (optional) All Debtors Debtor 1 Debtor 2 ADDITIONAL FEE

8 OPTIONAL FILER REFERENCE DATA

File with The State of Missouri [Matter No. 07076695]

File Number: 2010093958J
Date Filed: 09/14/2010 08:44 AM
Robin Carnahan
Secretary of State

UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER [optional] UCC Direct Services (713) 533-4718
B. SEND ACKNOWLEDGMENT TO: (Name and Address) UCC Direct Services P O Box 3248 Houston TX 77253-3248 EMail: Donna_Klenke@uccdirect.com

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a. INITIAL FINANCING STATEMENT FILE # 20070114115C	1b. This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) 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)	
5. AMENDMENT (PARTY INFORMATION): This Amendment affects <input type="checkbox"/> Debtor or <input type="checkbox"/> Secured Party of record <input type="checkbox"/> CHANGE name and/or address <input type="checkbox"/> DELETE name <input type="checkbox"/> ADD name	
8. AMENDMENT (COLLATERAL CHANGE) Describe collateral <input type="checkbox"/> deleted or <input type="checkbox"/> added, or give entire <input type="checkbox"/> restated collateral description, or describe collateral <input type="checkbox"/> assigned	

9. NAME of SECURED PARTY of RECORD AUTHORIZING THIS AMENDMENT <input type="checkbox"/> DEBTOR authorizing this amendment			
OR	9a. ORGANIZATION'S NAME Wachovia Bank, National Association		
	9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME

10. OPTIONAL FILER REFERENCE DATA
MO-0-42636171000 MO-0-42636171

TRADEMARK
REEL: 006489 FRAME: 0603

State of Missouri
 UCC1 Initial Filing 1 Page(s)



T0919601513

7-13-09
 B.C.

A. NAME & PHONE OF CONTACT AT FILER (optional) **7-13-09**

B. SEND ACKNOWLEDGMENT TO: (Name and Address)

BG INFORMATION SERVICES
 13110 GIER LANE
 RUSSELLVILLE, MO 65074

#17

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1a or 1b) - do not abbreviate or combine names

1a. ORGANIZATION'S NAME
 Successware, Inc.

OR 1b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX

1c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY
 50 Central Ave., Ste. 920 Sarasota FL 34236 USA

1d. TAX I.D. #: SSN OR EIN ADDL INFO RE ORGANIZATION DEBTOR 1e. TYPE OF ORGANIZATION 1f. JURISDICTION OF ORGANIZATION 1g. ORGANIZATIONAL I.D.#, if any
 Corp. Missouri 00417118 NONE

2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - Insert only one debtor name (2a or 2b) - do not abbreviate or combine names

2a. ORGANIZATION'S NAME

OR 2b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX

2c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY

2d. TAX I.D. #: SSN OR EIN ADDL INFO RE ORGANIZATION DEBTOR 2e. TYPE OF ORGANIZATION 2f. JURISDICTION OF ORGANIZATION 2g. ORGANIZATIONAL I.D.#, if any
 NONE

3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) - insert only one secured party name (3a or 3b)

3a. ORGANIZATION'S NAME
 Wachovia Bank, National Association, as Administrative Agent

OR 3b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX

3c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY
 1525 West Harris Boulevard Charlotte NC 28262 USA

4. This FINANCING STATEMENT covers the following collateral:
 All assets of the Debtor, whether now owned or hereafter acquired.

5. ALTERNATIVE DESIGNATION (if applicable): LESSEE/LESSOR CONSIGNEE/CONSIGNOR BAILEE/BAILOR SELLER/BUYER AG. LIEN NON-UCC FILING

6. This FINANCING STATEMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS. Attach Addendum 7. Check to REQUEST SEARCH REPORT(S) on Debtor(s) All Debtors Debtor 1 Debtor 2 (ADDITIONAL FEE) (optional)

8. OPTIONAL FILER REFERENCE DATA
 Missouri Secretary of State



T1031901528

C
1-12-10
JCF

UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER (optional)

B. SEND ACKNOWLEDGMENT TO: (Name and Address)

Bill Dolence, Esq.
Foley & Lardner LLP
P.O. Box 3391
Tampa, FL 33601

JC FLng

JCF
11/12/10
\$17.00

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

7a. INITIAL FINANCING STATEMENT FILE # **20090069984J**

7b. 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 8a or 8b. **ADD** name. Complete item 7a or 7b and also item 7c; also complete items 7d-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 BEFORE ORGANIZATION DEBTOR 7e. TYPE OF ORGANIZATION 7f. JURISDICTION OF ORGANIZATION 7g. ORGANIZATIONAL ID #, if any 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

OR

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

Wachovia Bank, National Association, as Administrative Agent

10. **OPTIONAL FILER REFERENCE DATA**
SuccessWare, Inc. / Missouri