

Form PTO-1594

RECORDATION FORM COVER SHEET  
TRADEMARKS ONLY

U.S. DEPARTMENT OF COMMERCE  
U.S. Patent and Trademark Office

(Rev. 03/01)  
OMB No. 0651-0027 (exp. 5/31/2002)  
Tab settings

To the Honorable Commissioner of Patents and Trademarks: Please record the attached original documents or copy thereof.

1. Name of conveying party(ies):  
**SoftView Computer Products Corp.**

Individual(s)                       Association  
 General Partnership               Limited Partnership  
 Corporation-State (NEW YORK)  
 Other \_\_\_\_\_

Additional names(s) of conveying party(ies) attached?  Yes  No

2. Name and address of receiving party(ies)

Name: **Humanscale Corp.**  
Internal Address: \_\_\_\_\_  
Address: \_\_\_\_\_  
Street Address: **11 East 26<sup>th</sup> Street**  
City: **New York** State: **NY** Zip: **10010**

Individual(s) citizenship \_\_\_\_\_  
 Association \_\_\_\_\_  
 General Partnership \_\_\_\_\_  
 Limited Partnership \_\_\_\_\_  
 Corporation-State **New York**  
 Other \_\_\_\_\_

If assignee is not domiciled in the United States, a domestic representative designation is attached:  Yes  No  
(Designations must be a separate document from assignment)  
Additional names(s) & address(es) attached?  Yes  No

3. Nature of conveyance:

Assignment                               Merger  
 Security Agreement                       Change of Name  
 Other \_\_\_\_\_

Execution Date: **January 3, 2001**

4. Application number(s) or parent number(s):

A. Trademark Application No.(s)  
**75/828466**

Additional numbers attached?  Yes  No

B. Trademark Registration No.(s)

5. Name and address of party to whom correspondence concerning document should be mailed:

Name: **Eileen C. Visco, Esq.**  
Internal Address: \_\_\_\_\_  
\_\_\_\_\_  
Street Address: **Coudert Brothers**  
**1114 Avenue of the Americas**  
City: **New York** State: **NY** Zip: **10036**

6. Total number of applications and patents involved: ..... **1**

7. Total fee (37 CFR 3.41).....**\$40.00**

Enclosed  
 Authorized to be charged to deposit account

8. Deposit account number:  
**50-1434**  
(Attached duplicate copy of this page if paying by deposit account)

DO NOT USE THIS SPACE

9. Statement and signature.  
*To the best of my knowledge and belief, the foregoing information is true and correct and any attached copy is a true copy of the original document.*

**EILEEN C. VISCO, ESQ.**                              *Eileen C Visco*                              **12/12/01**  
Name of Person Signing                              Signature                              Date

Total number of pages including cover sheet, attachments, and documents: : **2**

Mail documents to be recorded with required cover sheet information to:  
Commissioner of Patents & Trademarks, Box Assignments  
Washington, D.C. 20231

FILING RECEIPT

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ENTITY NAME: HUMANSCALE CORPORATION

DOCUMENT TYPE: AMENDMENT (DOMESTIC BUSINESS)  
NAME

COUNTY: NEWY

SERVICE COMPANY: \*\* NO SERVICE COMPANY \*\*

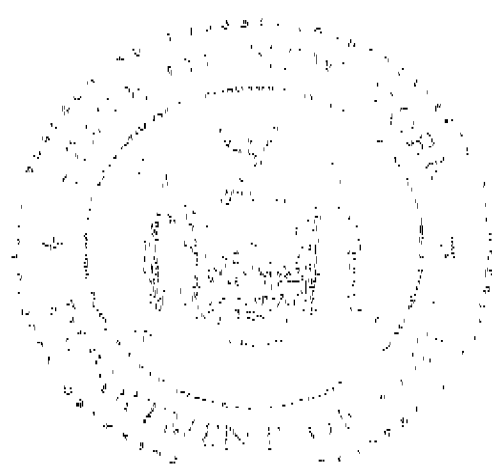
SERVICE CODE: 00

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FILED:01/03/2001 DURATION:\*\*\*\*\* CASH#:010103000242 FILM #:010103000239

ADDRESS FOR PROCESS  
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REGISTERED AGENT  
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FILER	FEES		PAYMENTS	
-----	-----	60.00	-----	60.00
SOFT/VIEW COMPUTER PRODUCTS	FILING	60.00	CASH	0.00
11 EAST 26TH ST 8TH FL .	TAX	0.00	CHECK	60.00
NEW YORK, NY 10010	CERT	0.00	CHARGE	0.00
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	HANDLING	0.00	BILLED	0.00
			REFUND	0.00
			-----	