

TRADEMARK ASSIGNMENT

Electronic Version v1.1
 Stylesheet Version v1.1

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	CHANGE OF NAME

CONVEYING PARTY DATA

Name	Formerly	Execution Date	Entity Type
HAMILTON PACIFIC		06/25/2008	LIMITED PARTNERSHIP:

RECEIVING PARTY DATA

Name:	NISCAYAH, INC.
Street Address:	2400 Commerce Avenue
Internal Address:	Bldg., 1100, Suite 500
City:	Duluth
State/Country:	GEORGIA
Postal Code:	30096
Entity Type:	INC. ASSOCIATION:

PROPERTY NUMBERS Total: 6

Property Type	Number	Word Mark
Registration Number:	2368989	QUAKEBRAKE
Registration Number:	2314830	VAULTSCAN
Registration Number:	2847679	INFORM WIRELESS
Registration Number:	1998766	INFORM
Registration Number:	2081999	INFORM LITE ALERT
Serial Number:	77346595	SECURITAS SYSTEMS SERVICE ALL-WAYS

CORRESPONDENCE DATA

Fax Number: (213)892-9494
Correspondence will be sent via US Mail when the fax attempt is unsuccessful.
 Email: laipdocket@fulbright.com, marivera@fulbright.com
 Correspondent Name: Fulbright & Jaworski LLP
 Address Line 1: 555 South Flower Street
 Address Line 2: Forty-First Floor
 Address Line 4: Los Angeles, CALIFORNIA 90071

CH \$165.00 2368989

ATTORNEY DOCKET NUMBER:	7600-102 & 103/10700870
NAME OF SUBMITTER:	Alan M. Lenkin
Signature:	/Alan M. Lenkin/
Date:	08/14/2008
Total Attachments: 5 source=FloridaAssumedNameReregister_2008#page1.tif source=FloridaAssumedNameReregister_2008#page2.tif source=FloridaAssumedNameReregister_2008#page3.tif source=Sacramento_NameChange#page1.tif source=Sacramento_NameChange#page2.tif	



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 25, 2008

HAMILTON PACIFIC
SHEILA HARVEY
2400 COMMERCE AVENUE, BLDG 1100, STE 500
DULUTH, GA 30096

Subject: **HAMILTON PACIFIC**
REGISTRATION NUMBER: **G08172700006**

This will acknowledge the cancellation of G05361900188-HAMILTON PACIFIC and reregistration of the above fictitious name registration which was reregistered on June 20, 2008. This reregistration gives no rights to ownership of the name.

Each fictitious name registration must be renewed every five years between January 1 and December 31 of the expiration year to maintain registration. Three months prior to the expiration date a statement of renewal will be mailed.

IT IS THE RESPONSIBILITY OF THE BUSINESS TO NOTIFY THIS OFFICE IN WRITING IF THEIR MAILING ADDRESS CHANGES.

Whenever corresponding please provide assigned Registration Number.

For information regarding fictitious names on file or to search the record call (850) 488-9000.

Enclosed is your certificate(s) as requested.

Should you have any questions regarding this matter you may contact our office at 850-245-6058.

Division of Corporations

P.O. BOX 6327 - Tallahassee, Florida 32314

TRADEMARK
REEL: 003835 FRAME: 0579

State of Florida



Department of State

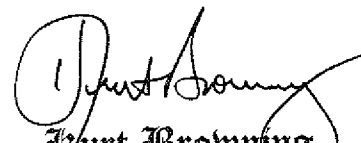
I certify that the attached is a true and correct copy of the Application For Registration of Fictitious Name of HAMILTON PACIFIC, registered with the Department of State on June 20, 2008, as shown by the records of this office.

The Registration Number of this Fictitious Name is G08172700006.



CR2EO22 (01-07)

Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capitol, this the
Twenty-fifth day of June, 2008


Kurt Browning
Secretary of State

APPLICATION FOR REGISTRATION OF FICTITIOUS NAME

Note: Acknowledgements/certificates will be sent to the address in Section 1 only.

FILED
Jun 20, 2008 8:00 am
Secretary of State

06-20-2008 90099 002 ****80.00
G08172700006

Section 1

1. HAMILTON PACIFIC
Fictitious Name to be Registered (see instructions if name includes "Corp" or "Inc")
ATTN: SHEILA HARVEY

2400 COMMERCE AVENUE, BLDG 1100, STE 500

Mailing Address of Business
DULUTH GA 30096

City State Zip Code

3. Florida County of principal place of business: _____
MULTIPLE
(see instructions if more than one county)

532299

CS This space for office use only

Section 2

A. Owner(s) of Fictitious Name If Individual(s): (Use an attachment if necessary):

1. Last _____ First _____ M.I. _____
Address _____
City _____ State _____ Zip Code _____

2. Last _____ First _____ M.I. _____
Address _____
City _____ State _____ Zip Code _____

B. Owner(s) of Fictitious Name If other than an individual: (Use attachment if necessary):

1. NISCAYAH, INC.
Entity Name
2400 COMMERCE AVE. BLDG 1100, STE 500
Address
DULUTH GA 30096
City State Zip Code
Florida Registration Number F97000003547
FEI Number: 95-4638962
 Applied for Not Applicable

2. _____
Entity Name
Address _____
City _____ State _____ Zip Code _____
Florida Registration Number _____
FEI Number: _____
 Applied for Not Applicable

Section 3

I (we) the undersigned, being the sole (all the) party(ies) owning interest in the above fictitious name, certify that the information indicated on this form is true and accurate. In accordance with Section 865.09, F.S., I (we) understand that the signature(s) below shall have the same legal effect as if made under oath. (At Least One Signature Required)

K. Lobdell KEVIN LOBDELL, VP, NISCAYAH, INC.
MAY 21, 2008
Signature of Owner Date

Phone Number: 678-474-1720

Section 4

FOR CANCELLATION COMPLETE SECTION 4 ONLY:
FOR FICTITIOUS NAME OR OWNERSHIP CHANGE COMPLETE SECTIONS 1 THROUGH 4:

I (we) the undersigned, hereby cancel the fictitious name "HAMILTON PACIFIC" as owned by
SECURITAS SECURITY SYSTEMS USA, INC.
WHICH CHANGED ITS NAME TO
NISCAYAH, INC. ON 4/23/08 which was registered on DEC 27, 2005 and was assigned
registration number G05361900188

K. Lobdell MAY 21, 2008
Signature of Owner Date

Mark the applicable boxes Certificate of Status — \$10 Certified Copy — \$30

NON-REFUNDABLE PROCESSING FEE: \$50

Single CR4E001 (11/03)

TRADEMARK
REEL: 003835 FRAME: 0581

FICTITIOUS BUSINESS NAME STATEMENT

FOR CLERK'S USE

BUSINESS AND PROFESSIONS CODE 17900 ET SEQ.

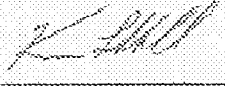
ENDORSED
SACRAMENTO COUNTY

Sacramento County
Department of Finance
Business License Section
700 H Street, Room 1710
Sacramento, CA 95814
(916) 874-6644

FILING FEES
 \$25.00 For first business name on statement
 \$ 5.00 For each additional business name on this statement at the same location
 \$ 5.00 For each owner in excess of one

JUN 25 2008
 FREDERICK B. GARCIA, COUNTY CLERK
 DEPUTY

TYPE OR PRINT CLEARLY - MUST BE LEGIBLE. PLEASE READ INSTRUCTIONS ON REVERSE SIDE.
 WHEN FILING BY MAIL, PROVIDE SELF ADDRESSED STAMPED ENVELOPE.

1	Street Address, City, State, Zip of Principal Place of Business. (P.O. Box or PMB not acceptable)		County	
	40 North Altadena Rd., Pasadena, CA 91107		LOS ANGELES	
2	Fictitious Business Name(s) to be Filed			
	(a)	(b)		
	HAMILTON PACIFIC			
	(If more than 2 names, attach additional sheet)			
3	Full Name/Residence Address of Business Owner(s) (P.O. Box or PMB not acceptable). Or Corporation/LLC name and address as registered with Secretary of State (include State where incorporated)			
	(a)	Name and Address NISCAYAH, INC. 2400 Commerce Ave., Bldg. 1100, Ste 500 Incorporated in DE Duluth	State CA	Zip 30096
	(b)			
	(If more than 2 owners, attach additional sheet)			
4	This business conducted by:			
	<input type="checkbox"/> an individual	<input type="checkbox"/> General Partnership	<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Trust
	<input type="checkbox"/> Husband & Wife	<input type="checkbox"/> Co-Partners	<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> State or local Registered Domestic Partners
	<input checked="" type="checkbox"/> Corporation	<input type="checkbox"/> Joint Venture	<input type="checkbox"/> Limited Liability Partnership	<input type="checkbox"/> Unincorporated Association (other than a partnership)
5	Date you began doing business under the Fictitious Business Name(s) above: _____ If you have not started doing business, enter "N/A" (not applicable) here <u>N/A</u>			
6	I declare that all information in this statement is true and correct. (A business owner who declares as true information which he or she knows to be false is guilty of a crime.)			
	Signature: 		Title if Corporate Officer: VP FINANCE	
	Print Name: KEVIN M. LOBDELL		Business Phone No. 678-474-1720	

In accordance with Section 17920 (a), a Fictitious Business Name Statement generally expires five years from the date it was filed with the County Clerk, except as provided in Section 17920 (b), where it expires 40 days after any change in the facts set forth in the statement pursuant to section 17913 other than a change in the residence address of a registered owner. A new Fictitious Business Name Statement must be filed before the expiration.

The filing of this Statement does not of itself authorize the use in this state of a Fictitious Business Name in violation of the rights of another under Federal, State, or common law (section 14411 et seq., of the Business and Professions Code).

This Statement was filed with the County Clerk of Sacramento County on date indicated by file stamp above.

I hereby certify that this copy is a correct copy of the original Statement on file in my office.

This Statement expires on: 6/25/13

FREDERICK B. GARCIA, COUNTY CLERK

BY: _____ Deputy

Rev. 06/08

FILE NO.

0806 TRADEMARK

REEL: 003835 FRAME: 0582



STATEMENT OF ABANDONMENT OF USE OF FICTITIOUS BUSINESS NAME

FILE NO.: 0512276

FILING FEE - \$10.00

The following person(s) has/have abandoned the use of the FICTITIOUS BUSINESS NAME OF:

HAMILTON PACIFIC

(business name as it appears on the original statement)

Located at: 96 Sunnyslope Avenue, Pasadena, CA 91107

(business address as it appears on the original statement)

The Fictitious Business Name Statement referred to above was filed on October 27, 2005
in the County of Sacramento. (Month, Day & Year)

Print or type the full name and residence of required person(s) specified on reverse side as it appears on the original statement.*

1. SECURITAS SECURITY SYSTEMS USA, INC.
(full name)

2. _____
(full name)

4995 Avalon Ridge Pw #150
(address)

(address)

Northcross, GA 30071
(city/state/zip code)

(city/state/zip code)

3. _____
(full name)

4. _____
(full name)

(address)

(address)

(city/state/zip code)

(city/state/zip code)

** This business was conducted by : Corporation
(type of ownership-individual, corporation, general partnership, etc as it appears on the original statement)

Signed by : Kevin Lobdell, VP Finance

This statement was filed with the County Clerk-Recorder of Sacramento County on the date indicated by the file stamp above.

See reverse side for instructions