

TRADEMARK ASSIGNMENT

Electronic Version v1.1
 Stylesheet Version v1.1

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	RELEASE BY SECURED PARTY		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
Wells Fargo Bank, Business Credit operating division		12/04/2007	Bank: CALIFORNIA
RECEIVING PARTY DATA			
Name:	Emrise Electronics Corporation		
Street Address:	9485 Haven Avenue		
Internal Address:	Suite 100		
City:	Rancho Cucamonga		
State/Country:	CALIFORNIA		
Postal Code:	91730		
Entity Type:	CORPORATION: NEW JERSEY		
PROPERTY NUMBERS Total: 1			
Property Type	Number	Word Mark	
Registration Number:	0680411	DIGITRAN	
CORRESPONDENCE DATA			
Fax Number:	(617)904-1775		
	<i>Correspondence will be sent via US Mail when the fax attempt is unsuccessful.</i>		
Phone:	617-413-8005		
Email:	dweinstein@gtclawgroup.com		
Correspondent Name:	Donna Weinstein		
Address Line 1:	400 Blue Hill Drive		
Address Line 2:	GTC Law Group LLP & Affiliates		
Address Line 4:	Westwood, MASSACHUSETTS 02090		
ATTORNEY DOCKET NUMBER:	ELECTROSWITCH M&A		
NAME OF SUBMITTER:	Donna Weinstein		
Signature:	/Donna Weinstein/		

CH \$40.00 0680411

Date:

03/19/2009

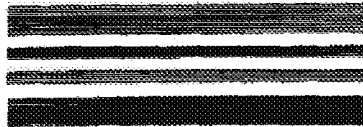
Total Attachments: 4

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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)

Laurie Bleget
Rutan & Tucker, LLP
811 Anton Blvd., Ste. 1400
Costa Mesa, CA 92626

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a. SERIAL FINANCING STATEMENT FILE #
23806351

1b. The 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: Give current record name in item 6a or 6b, also give new name (if name change) in item 7a or 7b and/or new address (if address change) in item 7c. DELETE name: Give record name to be deleted in item 6a or 6b. 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
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7. CHANGED (NEW) OR ADDED INFORMATION

7a. ORGANIZATION'S NAME

OR

7b. INDIVIDUAL'S LAST NAME

FIRST NAME	MIDDLE NAME	SUFFIX
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7c. MAILING ADDRESS

CITY	STATE	POSTAL CODE	COUNTRY
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7d. TAX ID #	SSN OR EIN	7e. TYPE OF ORGANIZATION	7f. JURISDICTION OF ORGANIZATION	7g. INTERNATIONAL ID # (if any)
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DEBTOR NONE

8. AMENDMENT (COLLATERAL CHANGE): check only one box.
Describe collateral deleted or added, or give entire related 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

Emrise Electronics Corporation

OR

9b. INDIVIDUAL'S LAST NAME

FIRST NAME	MIDDLE NAME	SUFFIX
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10. OPTIONAL FILER REFERENCE DATA

FINANCING STATEMENT

READ INSTRUCTIONS (front and back) CAREFULLY
 TELEPHONE NUMBER OF CONTACT AT FILER (optional)

ACKNOWLEDGMENT TO: (Name and Address)

Morgan Lewis & Bockius, LLP
 100 S. Grand Avenue
 22nd Floor
 Los Angeles, CA 90071
 Attn: J. Michael Jack, Esq.

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

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

ORGANIZATION'S NAME

WELLS FARGO BANK, NATIONAL ASSOCIATION

ORGANIZATION'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX
ADDRESS		CITY	STATE	POSTAL CODE
100 S. Grand Avenue, Suite 100		Rancho Cucamonga	CA	91730
1a. TYPE OF ORGANIZATION	17. JURISDICTION OF ORGANIZATION	18. ORGANIZATIONAL IS V, if yes		
corporation	Delaware	<input type="checkbox"/> NONE		

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

ORGANIZATION'S NAME

ORGANIZATION'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX
ADDRESS		CITY	STATE	POSTAL CODE
100 S. Grand Avenue, Suite 100		Rancho Cucamonga	CA	91730
2a. TYPE OF ORGANIZATION	27. JURISDICTION OF ORGANIZATION	28. ORGANIZATIONAL IS V, if yes		
corporation	Delaware	<input type="checkbox"/> NONE		

ASSIGNOR'S NAME (or NAME of TOTAL ASSIGNOR or ASSIGNOR EST) - insert only one secured party name (3a or 3b)

ORGANIZATION'S NAME

WELLS FARGO BANK, NATIONAL ASSOCIATION, acting through its WELLS FARGO BUSINESS CREDIT operating division

ORGANIZATION'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX
ADDRESS		CITY	STATE	POSTAL CODE
100 S. Grand Avenue, Suite 100		Rancho Cucamonga	CA	91730
STATEMENT covers the following collateral:				

STATEMENT covers the following collateral:

COMMENTS

1. INDICATION if applicable	2. LESSEE/LESSOR	3. CONSIGNEE/CONSIGNOR	4. BAILEE/BAILORE	5. SELLER/BUYER	6. AIR LIFT	7. NON-UCC FILING

REFERENCE DATA
 County of State

475001-020

COPY --- NATIONAL UCC FINANCING STATEMENT (FORM UCC1) (REV. 07/2006)

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)

Laurie Biegel
Rutan & Tucker, LLP
611 Anton Blvd., Ste. 1400
Costa Mesa, CA 92626

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a INITIAL FINANCING STATEMENT FILE # 83309077

1b 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: Give current record name in item 6a or 6b, also give new name (if name change) in item 7a or 7b and/or new address (if address change) in item 7c. DELETE name: Give record name to be deleted in item 6a or 6b. ADD name: Complete item 7a or 7b, and 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. TAX ID #, SSN OR EIN (ADD INFO RE ORGANIZATION OR FILER) 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 retained 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 Emrise Corporation

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

10 OPTIONAL FILER REFERENCE DATA

FINANCING STATEMENT

INSTRUCTIONS (front and back) CAREFULLY

NAME OF CONTACT AT FILER (optional)

ACKNOWLEDGMENT TO: (Name and Address)

Lewis & Beckius, LLP
 Grand Avenue
 1st Floor
 San Jose, CA 95071
 Michael Jank, Esq.

2380635-1
 THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

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

DEBTOR'S NAME

EL ELECTRONICS CORPORATION

PARTY NAME		FIRST NAME	MIDDLE NAME	SUFFIX
1a. CITY		1b. STATE	1c. POSTAL CODE	1d. COUNTRY
Rancho Cucamonga		CA	91730	USA
1e. TYPE OF ORGANIZATION	1f. JURISDICTION OF ORGANIZATION	1g. ORGANIZATIONAL ID #, if any		
corporation	New Jersey	<input type="checkbox"/> NONE		

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

DEBTOR'S NAME

PARTY NAME		FIRST NAME	MIDDLE NAME	SUFFIX
1a. CITY		1b. STATE	1c. POSTAL CODE	1d. COUNTRY
1e. TYPE OF ORGANIZATION	1f. JURISDICTION OF ORGANIZATION	1g. ORGANIZATIONAL ID #, if any		
		<input type="checkbox"/> NONE		

DEBTOR'S NAME for NAME of TOTAL ASSIGNEE of ASSIGNOR (3a or 3b)

DEBTOR'S NAME

WELLS FARGO BANK, NATIONAL ASSOCIATION, acting through its WELLS FARGO BUSINESS CREDIT operating division

PARTY NAME		FIRST NAME	MIDDLE NAME	SUFFIX
1a. CITY		1b. STATE	1c. POSTAL CODE	1d. COUNTRY
Pasadena		CA	91101	USA

STATEMENT covers the following collateral:

1745262
 3283840

1. INFORMATION IS AS FOLLOWS:	2. LESSEE/LESSOR	3. CONSIGNEE/CONSIGNOR	4. BAILEE/BAILORE	5. SELLER/BUYER	6. AG. LIEN	7. NON-JUDICIAL
8. JURISDICTION		9. COUNTY		10. ZIP CODE		
California		San Bernardino		91730		
11. COUNTY OF STATE		12. FILING OFFICE USE ONLY				
		475001-005				