

05-14-1998

Tab settings = 5-6-98



100710280

Attached original documents or copy thereof.

1. Name of conveying party(ies):

SADEG M. FARIS

Additional name(s) of conveying party(ies) attached? ☐ Yes ☒ No

3. Nature of conveyance:

- ☒ Assignment ☐ Merger  
☐ Security Agreement ☐ Change of Name  
☐ Other \_\_\_\_\_

Execution Date: \_\_\_\_\_

2. Name and address of receiving party(ies)

Name: REVEO, INC.

Internal Address: \_\_\_\_\_

Street Address: 8 SKYLINE DRIVE

City: HAWTHORNE State: NY ZIP: 105

Additional name(s) & address(es) attached? ☐ Yes ☒ No

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

If this document is being filed together with a new application, the execution date of the application is: \_\_\_\_\_

A. Patent Application No.(s)

08/152,020  
08/784,376 (Continuation of 08/152,020)  
08/784,979 (Continuation of 08/152,020)  
08/785,012 (Continuation of 08/152,020)

B. Patent No.(s)

Additional numbers attached? ☐ Yes ☒ No

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

Name: THOMAS J. PERKOWSKI, ESQ.

Internal Address: \_\_\_\_\_

05/12/1998 DCOATES 00000166 161340 08152020

01 FC:581 160.00 CH

Street Address: SOUNDVIEW PLAZA

1266 EAST MAIN STREET

City: STAMFORD State: CT ZIP: 06902

6. Total number of applications and patents involved: 4

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

- ☐ Enclosed  
☒ Authorized to be charged to deposit account for any fee deficiencies

8. Deposit account number:

16-1340

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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.

THOMAS J. PERKOWSKI, ESQ.

Name of Person Signing

Signature

May 5, 1998

Date

Total number of pages including cover sheet, attachments, and document: 6

Mail documents to be recorded with required cover sheet information to:  
Commissioner of Patents & Trademarks, Box Assignments

PATENT

REEL: 9158 FRAME: 0616

## PATENT ASSIGNMENT