

FORM PTO-1595  
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12-23-1999

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To the Honorable Commissioner of Patents

and original documents or copy thereof.

1. Name of conveying party(ies):

Karl Francis Horlander

2. Name and address of receiving party(ies):

Name: Thomson Consumer Electronics, Inc.

Street Address: 10330 North Meridian Street

Additional name(s) of  
Conveying party(ies)  
Attached:

X No

City: Indianapolis

State: Indiana

Zip: 46290-1024

3. Nature of convenience:

X Assignment

Security Agreement

Other \_\_\_\_\_

Merger

Change of Name

Additional name(s) &amp; address(es) attached?

X No

Execution Date: November 30, 1999

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: November 30, 1999

A. Patent Application No.(s) ----

B. Patent No.(s) ----

Additional numbers attached?

X No

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

Name: JOSEPH S. TRIPOLI

Internal Address: PATENT OPERATIONS

THOMSON multimedia Licensing Inc.

Street Address: PO Box 5312

City: PRINCETON State: NEW JERSEY Zip: 08543-5312

6. Total number of applications and patents involved: 1

7. Total Fee (37 CFR 3.41): \$40.00

Enclosed

X Authorized to be charged to deposit account

8. Deposit account number:

07-0832

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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.

Alexander J. Burke

Name of Person Signing

Signature - Reg. No. 40,425

Date

Total number of pages comprising cover sheet: 2

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PATENT  
REEL: 010448 FRAME: 0575

# **ASSIGNMENT AND AGREEMENT IN AN APPLICATION FOR LETTERS PATENT OF THE UNITED STATES OF AMERICA**

I hereby declare that I am the sole inventor (if only one inventor is named below) or one of \_\_\_\_\_ joint inventors  
(if plural inventors are named below) of the inventions relating to A SYSTEM AND DATA FORMAT FOR COMMUNICATING DATA BETWEEN A  
VIDEO DECODER AND A PERIPHERAL DEVICE

described in an application for Letters Patent of the United States of America filed on \_\_\_\_\_ HEREWITH \_\_\_\_\_ under Serial No. \_\_\_\_\_  
or, if not identified here by filing date and serial number, executed by me on even date with my execution of this

## **Assignment/Agreement.**

For valuable consideration received, I hereby sell, assign and transfer to THOMSON CONSUMER ELECTRONICS, INC., a corporation duly organized and existing under the laws of the State of Delaware, United States of America, its successors, and assigns my entire right, title and interest, for all countries in and to said inventions, and all the rights and privileges under any and all Letters Patent that may be granted therefor, and any divisions, continuations, reissues and extensions thereof.

I agree that, when requested, I will, without charge to said corporation but at its expense, sign all papers, take all rightful oaths, make all rightful declarations and do all acts which may be necessary, desirable or convenient for securing and maintaining patents or other forms of protection for said inventions in any and all countries and for vesting title thereto in said corporation, its successors, assigns or nominees.

I agree that I will communicate to said corporation or its representatives any facts known to me respecting said inventions and when requested by said corporation and at its expense will testify in any legal proceedings, and generally do everything possible to aid said corporation, its successors, assigns and legal representatives or nominees, to obtain or enforce proper protection for said inventions in any and all countries.

I authorize and empower said corporation, its successors, assigns or nominees, to make application for patent or other form of protection for said inventions in its or their own name, or in my/our name, in any and all countries and to invoke and claim for any application for patent or other form of protection for said inventions filed by it or them, the benefit of the right of priority provided by the International Convention for the Protection of Industrial Property, as amended, or by any convention which may henceforth be substituted for it, and to invoke and claim such right of priority without further written or oral authorization from me.

I hereby consent that a copy of this assignment shall be deemed a full legal and formal equivalent of any assignment, consent to file or like document which may be required in any country for any purpose and more particularly in proof of the right of the said corporation or its successors, assigns or nominees to apply for patent or other proper protection for said inventions, and to claim the aforesaid benefits of the right of priority provided by the International Convention for the Protection of Industrial Property, as amended, or by any convention which may henceforth be substituted for it.

I covenant with THOMSON CONSUMER ELECTRONICS, INC., its successors, assigns, legal representatives, and nominees, that to the best of my knowledge the right, title and interest herein conveyed by me are free and clear of any encumbrance, and that I have full right to convey the same as herein expressed.

Signed at	<u>Indianapolis, Indiana</u>	Date	<u>Nov 30, 1999</u>
Inventor (1)	<u>Karl Francis Horlander</u> (Type or Print)		<u>Karl Francis Horlander</u> (Signature in Full. No initials.)
Post Office Address	<u>2713 Grassy Creek Court, Indianapolis (Marion County), Indiana 46229</u>		
1st Witness	<u>WILLIAM ADAMSON LAGONI</u> (Type or Print)		<u>William Adamson Lagoni</u> (Signature in Full. No initials.)
2nd Witness	<u>Elizabeth Ann Jackson</u> (Type or Print)		<u>Elizabeth Ann Jackson</u> (Signature in Full. No initials.)
Signed at	_____	Date	_____
Inventor (2)	_____ (Type or Print)		_____ (Signature in Full. No initials.)
Post Office Address	_____		
1st Witness	_____ (Type or Print)		_____ (Signature in Full. No initials.)
2nd Witness	_____ (Type or Print)		_____ (Signature in Full. No initials.)
Signed at	_____	Date	_____
Inventor (3)	_____ (Type or Print)		_____ (Signature in Full. No initials.)
Post Office Address	_____		
1st Witness	_____ (Type or Print)		_____ (Signature in Full. No initials.)
2nd Witness	_____ (Type or Print)		_____ (Signature in Full. No initials.)

After this Assignment has been recorded please RETURN to:

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