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FORM PTO-1595
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To the Honorable Assistant Commissioner for Patents: Please record the attached original documents or copy thereof

1. Name of conveying party(ies): MARCO WINTER		2. Name and address of receiving party(ies): Name: DEUTSCHE THOMSON-BRANDT GMBH Internal Address: Street Address: HERMANN-SCHWER-STR. 3 D-78048 VILLINGEN-SCHWENNINGEN GERMANY	
Additional name(s) of conveying party(ies) attached: Yes No X	City: _____ State: _____ Zip: _____	Additional name(s) & address(es) attached? Yes No X	
3. Nature of conveyance: Assignment X Merger Security Agreement Change of Name Other _____		Execution Date: September 17, 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: A. Patent Application No.(s) 09/469,865		B. Patent No.(s) _____	
Additional numbers attached? Yes No X		5. Name and address of party to whom correspondence concerning document should be mailed: Name: JOSEPH S. TRIPOLI Internal Address: THOMSON MULTIMEDIA LICENSING, INC. Street Address: 2 INDEPENDENCE WAY 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		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.

PAUL P. KIEL REG. NO 40,677

Name of Person Signing

Paul Kiel
Signature

5/17/00
Date

Total number of pages including cover sheet, attachments, and document: **3**

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EXECUTED, this 17th day of september, 1999.

WITNESSES:

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