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<p>1. Name of conveying party(ies):</p> <p>Robert David Russell</p> <p>Additional name(s) of conveying party(ies) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>2. Name and address of receiving party(ies):</p> <p>Name: Xerox Corporation</p> <p>Address: 800 Long Ridge Road</p>
<p>3. Nature of Conveyance:</p> <p><input checked="" type="checkbox"/> Assignment <input type="checkbox"/> Merger</p> <p><input type="checkbox"/> Security Agreement <input type="checkbox"/> Change of Name</p> <p><input type="checkbox"/> Other:</p> <p>Execution Date: November 17, 2000</p>	<p>City: Stamford State: CT ZIP Code: 06904-1600</p> <p>Country: United States</p> <p>Additional name(s) &amp; address(es) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>

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 17, 2000

A. Patent Application No.(s): 09,723,683

B. Patent No.(s):

Additional numbers attached?  Yes  No

<p>5. Name and address of party to whom correspondence concerning document should be mailed:</p> <p>Name: Christopher A. Hofmeister</p> <p>Address: Perman &amp; Green, LLP 425 Post Road</p> <p>City: Fairfield</p> <p>State: CT ZIP Code: 06430-6232</p>	<p>6. Total number of applications and/or patents involved: <u>1</u></p> <p>7. Total fee (37 CFR 3.41): <u>\$40.00</u></p> <p><input type="checkbox"/> Enclosed</p> <p><input checked="" type="checkbox"/> Charge deposit account</p> <p><input checked="" type="checkbox"/> Please charge any fee deficiency to deposit account</p> <p>8. Deposit account number: <u>24-0037</u></p>
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9. Statement And Signature:

*To the best of my knowledge and belief, the foregoing information is true and correct and, the attached document is either an original document or a true copy of the original document.*

Christopher A. Hofmeister  
Name of Person Signing

[Signature]  
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11/28/00  
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Total number of pages including cover sheet(s): 2  
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