

06-15-2001

RECORDATION FORM COVER SHEET PATENTS ONLY



101752590

TO THE ASSISTANT COMMISSIONER FOR PATENTS: Please record the attached original documents or copy thereof.

1. Name of conveying party(ies): (If multiple assignors, list numerically)

DATCARD SYSTEM, INC.

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

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

Name: KNOBBE, MARTEN, OLSON & BEAR, LLP

Internal Address: Sixteenth Floor

Street Address: 620 Newport Center Drive

City: Newport Beach State: Ca ZIP: 92660

Additional name(s) of receiving party(ies) attached?
() Yes (X) No

3. Nature of conveyance:

- () Assignment
() Merger
() Security Agreement
() Change of Name
(X) Other: Security Interest

Execution Date: (If multiple assignors, list execution dates in numerical order corresponding to numbers indicated in 1 above) **May 21, 2001**

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

(X) Patent Application No.: 09/781,605

Filing Date: 2/12/01

(X) Patent Application No.: 09/761,795

Filing Date: 1/17/01

(X) Patent Application No.: 60/181,985

Filing Date: 2/11/00

Additional numbers attached? () Yes (X) No

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

Name: James B. Bear
KNOBBE, MARTENS, OLSON & BEAR, LLP
Customer No. 20,995

Internal Address: Sixteenth Floor

Street Address: 620 Newport Center Drive

City: Newport Beach State: CA ZIP: 92660

Attorney's Docket No.: DATCAR.003A

7. Total fee (37 CFR 3.41): \$120.00

(X) Enclosed

(X) Authorized to be charged to deposit account if any additional fees are required, or to credit any overpayment

8. Deposit account number: 11-1410

Please charge this account for any additional fees which may be required, or credit any overpayment to this account.

6. Total number of applications and patents involved: 3

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.

James B. Bear
Name of Person Signing

Signature

Date

Registration No.: 25,221

Total number of pages including cover sheet, attachments and document: 2

Mail documents to be recorded with required cover sheet information to:

U.S. Patent and Trademark Office
Attn: Assignment Division
Crystal Gateway-4
1213 Jefferson Davis Highway, Suite 320
Arlington, VA 22202

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**FINANCING STATEMENT — FOLLOW INSTRUCTIONS CAREFULLY**

This Financing Statement is presented for filing pursuant to the Uniform Commercial Code and will remain effective, with certain exceptions, for 5 years from date of filing.

A. NAME & TEL. # OF CONTACT AT FILER (optional) Creative 312 249-463-1781		B. FILING OFFICE ACCT. # (optional)	
C. RETURN COPY TO: (Name and Mailing Address) [Redacted]			
D. OPTIONAL DESIGNATION (if applicable)		LESSOR/LESSEE	CONSIGNOR/CONSIGNEE
		NON-UCC FILING	

FILED
SACRAMENTO, CA
MAY 21, 2001 AT 0800
BILL JONES
SECRETARY OF STATE

1. DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1a or 1b)

1a. ENTITY'S NAME Deborah Williams, Inc.			
OR			
1b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME
			SUFFIX
1c. MAILING ADDRESS 901 W. 1st Street, Ste 410		CITY Longport Beach	STATE CA
		COUNTRY US	POSTAL CODE 92660
1d. SS OR TAX ID #	OPTIONAL ADD'L INFO RE ENTITY/DEBTOR	1e. TYPE OF ENTITY	1f. ENTITY'S STATE OR COUNTRY OF ORGANIZATION
			1g. ENTITY'S ORGANIZATIONAL ID #, if any <input type="checkbox"/> NONE

2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (2a or 2b)

2a. ENTITY'S NAME			
OR			
2b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME
			SUFFIX
2c. MAILING ADDRESS		CITY	STATE
		COUNTRY	POSTAL CODE
2d. SS OR TAX ID #	OPTIONAL ADD'L INFO RE ENTITY/DEBTOR	2e. TYPE OF ENTITY	2f. ENTITY'S STATE OR COUNTRY OF ORGANIZATION
			2g. ENTITY'S ORGANIZATIONAL ID #, if any <input type="checkbox"/> NONE

3. SECURED PARTY'S (ORIGINAL S/P or ITS TOTAL ASSIGNEE) EXACT FULL LEGAL NAME - insert only one secured party name (3a or 3b)

3a. ENTITY'S NAME			
OR			
3b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME
			SUFFIX
3c. MAILING ADDRESS		CITY	STATE
		COUNTRY	POSTAL CODE

4. This FINANCING STATEMENT covers the following types or items of property:

1. Personal Information System
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 98. Personal Information System
 99. Personal Information System
 100. Personal Information System

5. CHECK <input type="checkbox"/> This FINANCING STATEMENT is signed by the Secured Party instead of the Debtor to perfect a security interest BOX (a) in collateral already subject to a security interest in another jurisdiction when it was brought into this state, or when the [if applicable] debtor's location was changed to this state, or (b) in accordance with other statutory provisions [additional data may be required]		7. If filed in Florida (check one) <input type="checkbox"/> Documentary stamp tax paid <input type="checkbox"/> Documentary stamp tax not applicable	
6. REQUIRED SIGNATURE(S)		8. <input type="checkbox"/> This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS Attach Addendum [if applicable]	
		9. Check to REQUEST SEARCH CERTIFICATE(S) on Debtor(s) [ADDITIONAL FEE] (optional) <input type="checkbox"/> All Debtors <input type="checkbox"/> Debtor 1 <input type="checkbox"/> Debtor 2	

(2) ACKNOWLEDGEMENT COPY

- NATIONAL FINANCING STATEMENT (FORM UCC1) (TRANS) (REV. 12/18/95)

PATENTWOLCOTT'S FORM
UCC/AT01
(Form 400-103)

REEL: 011885 FRAME: 0507