Serial No.: 09/947,072

Docket No.: PU 010192

U.S. DEPARTMENT OF COMMERCE Patent and Trademark Office

RECORDATION FORM COVER SHEET PATENTS ONLY

To the Honorable Commissioner of Patents and Trademarks: Please record the attache	d original documents or conv thereof.					
Name of conveying party(ies): Gene Karl Sendelweck	2. Name and address of receiving party(ies): Name: THOMSON Licensing S.A.					
	Internal Address:					
Additional name(s) of X No	-					
conveying party(les) attached:	Street Address:: 46 Quai A. Le Gallo					
3. Nature of conveyance:	92648 Boulogne, Cedex, France					
X Assignment Merger	}					
Security Agreement Change of Name)					
Other Execution Date: /// 3 // 0 /	Additional acceptance of the second s					
4. Application number(s) or patent number(s): 09/947,072	Additional name(s) & address(es) attached? X No					
If this document is being filed together with a new application, the execution date of	of the application is:					
A. Patent Application No.(s);	B. Patent No.(s)					
	·					
Additional numbers attached?	X No					
5. Name and address of party to whom correspondence	6. Total number of applications and patents involved:1					
concerning document should be mailed: Name: JOSEPH S. TRIPOLI						
Internal Address: THOMSON multimedia Licensing Inc.	7. Total Fee (37 CFR 3.41): \$40.00					
PATENT OPERATIONS	Enclosed					
Street Address: P. O. BOX 5312	X Authorized to be charged to deposit account					
aucet Address. P. O. BOX 3312	8. Deposit account number: 07-0832					
City: PRINCETON State: NEW JERSEY Zip:08543-5312	(Attach duplicate copy of this page if paying by deposit account)					
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 atta	nched copy is a true					
copy of the original documens.						
X/XXIIAIA						
Name of Person Signing Signature Rcg,No.27,168 Date						
	eover sheet, attachments, and document2					
OMB No. 0651-0011 (evn. 4/94)						

DO NOT DETACH THIS PORTION

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

Commissioner of Patents and Trademarks
Box Assignments
Washington, D.C. 20231

Public burden reporting for this sample cover sheet is estimated to average about 30 minutes per document to be recorded, including time for reviewing the document and gathering the data needed, and completing and reviewing the sample cover sheet. Send comments regarding this burden estimate to the U.S. Patent and Trademark Office, Office of Information Systems, PK2-1000C, Washington, D.C. 20231, and to the Office of Management and Budget, Paperwork Reduction Project (0651-0011), Washington, D.C. 20503.

PATENT REEL: 012148 FRAME: 0199 Serial No.: 09/947,072

PU010192 Docket No.

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 plura! Inventors are named below) of the inventions relating to

under Serial No. 09/947,072 September 6, 2001 described in an application for Letters Patent of the United States of America filed on 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 LICENSING S.A., a corporation duly organized and existing under the laws for valuable consideration received, I hereby sell, assign and transfer to THOMSON LICENSING S.A., a corporation duly organized and existing under the laws of France, 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 Patient that may be granted therefor, and any divisions, continuations, reissues and extensions thereof.

Letters Patient 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 all del all acts which may be necessary, desirable or convenient for securing and maintaining patients 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 if its representatives any facts known to me respecting said inventions and when requested by said representatives or nominees, lo 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 any application for patent or other form of protection for said inventions filed 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 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 for its do inventions and to invoke a

Signed at	I <u>n</u> dianapolis, l	Indiana		Date _	10/30/01 Gene Karl Sendelweck
Inventor (1)	Gene Karl (Type or Print)	Sendelweck	<u>-</u> .	-	Signature in Full. No initiate.)
	Post Office Address				s, Indiana 46258
1st Witness	WILLIAM (Type or Print)	ADAMSON HOLKETE D	LAG	041	(Signistine in Euli) (No initials.)
2ndWitness	Chante An	HOMENETE L	buns.		Cignature in Full. No initials.)
				Date	
Signed at		<u> </u>		-	
inventor (2)	(Type or Print)		<u></u>	-	(Signature in Full, No initials.)
	Post Office Address				
1st Witness	(Type or Print)	<u> </u>	<u> </u>		(Signature in Full. No initials.)
2ndWitness	(Type or Print)				(Signature in Full. No initials.)
Şigned at				Date	
Inventor ((Type or Print)	<u> </u>		_	(Signature in Full. No initials.)
	Post Office Address				
1st Witness	(Type or Print	·)		_	(Signature in Full. No initials.)
2ndWitnes	s(Type or Print	i)		<u>-</u>	(Signature in Full. No initials.)

After this Assignment has been recorded please RETURN to:

Patent Operations
THOMSON multimedia Licensing Inc.
P. O. Box 5312 Princeton, NJ 08543-5312

Pat Form 09/00

PATENT REEL: 012148 FRAME: 0200 **