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DEPARTMENT OF COMMERCE
Patent and Trademark Office



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To the Honorable Assistant Commissioner for Patents: Please

1. Name of conveying party(ies): AHMET MURSIT ESKICIOGLU, DAVID EMERY VIRAG, DAVID JAY DUFFIELD, MICHAEL SCOTT DEISS, BILLY WESLEY BEYERS, JR. Additional name(s) of conveying party(ies) attached: Yes No X		2. Name and address of receiving party(ies): Name: THOMSON Licensing S.A. Internal Address: 46 Quai A. Le Gallo F-92648 Boulogne Cedex, France Street Address: City: State: Zip:	
3. Nature of conveyance: Assignment X Merger Security Agreement Change of Name Other Execution Date: 21,21,24,21 March 2000 and 10 October 2000, respectively		Additional name(s) & address(es) attached? Yes No X	
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) US 60/124,479 US 60/124,480 US 60/138,844 PCT/US00/56068 Additional numbers attached? Yes No X		B. Patent No.(s)	
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: <u>1</u> 7. Total Fee (37 CFR 3.41): \$40.00 Enclosed <input checked="" type="checkbox"/> 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.

DAVID T. SHONEMAN
Name of Person Signing

Signature

9/12/01
Date

Total number of pages including cover sheet, attachments, and document: 6

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PATENT
REEL: 012298 FRAME: 0452

ASSIGNMENT AND AGREEMENT

I hereby declare that I am the sole inventor (if only one inventor is named below) or one of **five (5)** joint inventors (if plural inventors are named below) of the inventions relating to **A GLOBAL COPY PROTECTION SYSTEM FOR DIGITAL HOME NETWORKS** described in RCA Docket No. 89462 and thereupon-based International (Patent Cooperation Treaty) Application for patent about to be filed or lately filed by said corporation naming me/us as inventor(s).

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 applications, and all the rights and privileges under any and all Patents 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 LICENSING S.A., 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, IN</u>	Date	<u>4 3/21/2000</u>
Inventor (1)	<u>Ahmet Mursit Eskicioglu</u> (Type or Print)		<u>Ahmet Mursit Eskicioglu</u> (Signature in Full. No initials.)
Post Office Address	<u>8235 Lakeshore Trail, Apt#125, Indianapolis, Indiana 46250-4607, USA</u>		
1st Witness	<u>6 Jean-Louis DIASCORN</u> (Type or Print)		<u>[Signature]</u> (Signature in Full. No initials.)
2nd Witness	<u>MICHAEL ANTHONY PUGEL</u> (Type or Print)		<u>[Signature]</u> (Signature in Full. No initials.)
Signed at	_____	Date	_____
Inventor (2)	<u>David Emery Virag</u> (Type or Print)		_____ (Signature in Full. No initials.)
Post Office Address	<u>7485 Cherry Hill Drive, Indianapolis, Indiana 46254-9769, USA</u>		
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)	<u>David Jay Duffield</u> (Type or Print)		_____ (Signature in Full. No initials.)
Post Office Address	<u>5459 Fall Creek Road, Indianapolis, Indiana 46220, USA</u>		
1st Witness	_____ (Type or Print)		_____ (Signature in Full. No initials.)
2nd Witness	_____ (Type or Print)		_____ (Signature in Full. No initials.)

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Inventor (1)	<u>Ahmet Mursit Eskicioglu</u> (Type or Print)		(Signature in Full. No initials.)
Post Office Address	<u>8235 Lakeshore Trail, Apt#125, Indianapolis, Indiana 46250-4607, USA</u>		
1st Witness	_____		(Signature in Full. No initials.)
	(Type or Print)		
2nd Witness	_____		(Signature in Full. No initials.)
	(Type or Print)		
Signed at	<u>Indianapolis, Indiana</u>	Date	<u>3-21-00</u>
Inventor (2)	<u>David Emery Virag</u> (Type or Print)		<u>David Emery Virag</u> (Signature in Full. No initials.)
Post Office Address	<u>7485 Cherry Hill Drive, Indianapolis, Indiana 46254-9769, USA</u>		
1st Witness	<u>Charles Bryan Hunt</u> (Type or Print)		<u>Charles Bryan Hunt</u> (Signature in Full. No initials.)
2nd Witness	<u>Yousef Wasef Nijim</u> (Type or Print)		<u>Yousef Wasef Nijim</u> (Signature in Full. No initials.)
Signed at	_____	Date	_____
Inventor (3)	<u>David Jay Duffield</u> (Type or Print)		(Signature in Full. No initials.)
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1st Witness	_____		(Signature in Full. No initials.)
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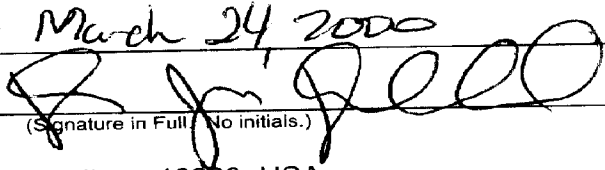
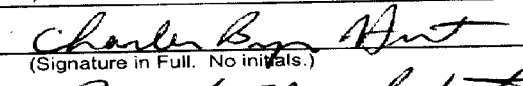
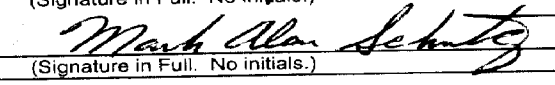
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Post Office Address	<u>8235 Lakeshore Trail, Apt#125, Indianapolis, Indiana 46250-4607, USA</u>		
1st Witness	_____		_____ (Signature in Full. No initials.)
2nd Witness	_____		_____ (Signature in Full. No initials.)
Signed at	_____	Date	_____
Inventor (2)	<u>David Emery Virag</u> (Type or Print)		_____ (Signature in Full. No initials.)
Post Office Address	<u>7485 Cherry Hill Drive, Indianapolis, Indiana 46254-9769, USA</u>		
1st Witness	_____		_____ (Signature in Full. No initials.)
2nd Witness	_____		_____ (Signature in Full. No initials.)
Signed at	<u>Indianapolis, IN</u>	Date	<u>March 24, 2000</u>
Inventor (3)	<u>David Jay Duffield</u> (Type or Print)		 (Signature in Full. No initials.)
Post Office Address	<u>5459 Fall Creek Road, Indianapolis, Indiana 46220, USA</u>		
1st Witness	<u>Charles Bryan Hunt</u> (Type or Print)		 (Signature in Full. No initials.)
2nd Witness	<u>MARK ALAN SCHULTZ</u> (Type or Print)		 (Signature in Full. No initials.)

Signed at	<u>3 INDIANAPOLIS, INDIANA, USA</u>	Date	<u>MAY 21, 2010</u>
Inventor (3)	<u>Michael Scott Deiss</u> (Type or Print)		<u>[Signature]</u> (Signature in Full. No initials.)
Post Office Address	<u>1103 Indian Pipe Lane, Zionsville, Indiana 46077, USA</u>		
1st Witness	<u>Kathy Lynn Graves</u> (Type or Print)		<u>[Signature]</u> (Signature in Full. No initials.)
2nd Witness	<u>[Signature]</u> (Type or Print)		<u>[Signature]</u> (Signature in Full. No initials.)
Signed at	_____	Date	_____
Inventor (3)	<u>Billy Wesley Beyers, Jr.</u> (Type or Print)		_____ (Signature in Full. No initials.)
Post Office Address	<u>1075 Arrow Wood Drive, Carmel, Indiana 46033-9046, USA</u>		
1st Witness	_____ (Type or Print)		_____ (Signature in Full. No initials.)
2nd Witness	_____ (Type or Print)		_____ (Signature in Full. No initials.)

Signed at _____	Date _____
Inventor (4) <u>MICHAEL SCOTT DEISS</u> (Type or Print)	_____ (Signature in Full. No initials.)
Post Office Address <u>1103 Indian Pipe Lane, Zionsville, Indiana 46077, USA</u>	
1st Witness _____ (Type or Print)	_____ (Signature in Full. No initials.)
2ndWitness _____ (Type or Print)	_____ (Signature in Full. No initials.)
Signed at <u><i>Billy Wesley Beyers Jr</i></u>	ate <u>Oct 10, 2000</u>
Inventor (5) <u>BILLY WESLEY BEYERS, JR.</u> (Type or Print)	<u><i>Billy Wesley Beyers Jr</i></u> (Signature in Full. No initials.)
Post Office Address <u>1075 Arrow Wood Drive, Carmel, In 6033-9046, USA</u>	
1st Witness <u><i>Kathy Lynn Graves</i></u> (Type or Print)	<u><i>Kathy Lynn Graves</i></u> (Signature in Full. No initials.)
2ndWitness <u><i>HS Yu (Haoping Yu)</i></u> (Type or Print)	<u><i>HS Yu</i></u> (Signature in Full. No initials.)
Signed at _____	Date _____
Inventor (6) _____ (Type or Print)	_____ (Signature in Full. No initials.)
Post Office Address _____	
1st Witness _____ (Type or Print)	_____ (Signature in Full. No initials.)
2ndWitness _____ (Type or Print)	_____ (Signature in Full. No initials.)

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