FORM PTO-1596 RECORDATION FORM
1,31-92 Patent and Trademark Office

DOCKET NO.:

11-18-2003



102603047

01	PE TOO
HUV	1 3 2003 B
- V.	منتخف وسيد

To the Honorable Commissioner of Patents and Tradema	rks: Please record the attached original documents or copy Borge subtrice
1. Name of conveying party(ies): //- 18-23	Name and address of receiving party(ies):
BEAMALLOY Technologies, LLC	Name: Robert Borel
	Internal Address:
Additional name(s) of conveying party(ies) attached? _ Yes X No	
3. Nature of conveyance:	
Assignment Merger	Street Address: 401 North Front Street, Suite 350
X Security Agreement Change of Name	
Other	City: Columbus State/Country: OH ZIP: 43215
Execution Date: October 30, 2003	Additional name(s) & address(es) attached? X Yes No
4. Application number(s) or patent number(s): U.S. Patent No. 4,992,	,298
If the document is being filed together with a new application, the e	execution date of the application is:
A. Patent Application No(s).	B. Patent No(s).
.,	
Additional number	rs attached?YesX_No
Name and address of party to whom correspondence concerning document should be mailed:	6. Total number of applications and patents involved:1
Name: BAKER & HOSTETLER LLP	7. Total fee (37 CFR 3.41) \$40.00
Internal Address:	X Enclosed
	Authorized to be charged to deposit account
Street Address: Washington Square, Suite 1100,	8. Deposit account number:
1050 Connecticut Avenue, N.W.	50-2036
City: Washington State: DC ZIP:20036	
	USE THIS SPACE
	Contribution of the contri
<ol> <li>Statement and signature.</li> <li>To the best of my knowledge and belief, the foregoing inform original document.</li> </ol>	mation is true and correct and any attached copy is a true copy of the
*\	BV.
Gregory B. Kang, Registration No. 45,273  Name and Registration No. of Person Signing	November 13, 2003  Spring Date
Total number of pages5	
CMB No. 0851-0011 (exp. 4/94)	

1/17/2003 ECOOPER 00000136 4992298

∮1 FC:8021

40.00 OP

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

Name: Alfred Friedman

Address: 401 North Front Street, Suite 350

City/State: Columbus, Ohio 43215

Name: Bruce Lazear

Address: 401 North Front Street, Suite 350

City/State: Columbus, Ohio 43215

Name: Michael Morosky

Address: 401 North Front Street, Suite 350

City/State: Columbus, Ohio 43215

Name: Peter Taub

Address: 401 North Front Street, Suite 350

City/State: Columbus, Ohio 43215

PATENT REEL: 014692 FRAME: 0153

UCC FINANCING	STATEME	ENT					
FOLLOW INSTRUCTION							
A. NAME & PHONE OF C	ONTACT AT FILE (614) 46	• • •					
B. SEND ACKNOWLEDG	<u> </u>						
	(11111)	,	<b></b> J				
Sonia K. Lowe,	. Paralegal		§ .				
Baker & Hoster	-						
	eet, Suite 2100		İ				
Columbus, Ohi	io 43215						
			,				
1 DESTEDIO SVI 677	W			PACE IS FO	R FILING OFFICE USI	EONLY	
1. DEBTOR'S EXACT FU		insert only <u>one</u> debtor name (1st or 1b)	- do not appreviate or compline harnes				
BEAMALLOY Tec							
OR 16. INDIVIDUAL'S LASTA			FIRST NAME	MIDDLE	VAME	SUFFIX	
1c. MAILING ADDRESS			спу	STATE	POSTAL CODE	COUNTRY	
401 North Front Street	t, Suite 350		Columbus	ОН	43215	USA	
1d. SEE INSTRUCTIONS	ADO'L INFO RE ORGANIZATION	1e. TYPE OF ORGANIZATION	1f. JURISDICTION OF ORGANIZATION	1g. ORGA	NIZATIONAL ID#, if any		
	DEBTOR	limited liability company	Ohio	14149	04	NONE	
		LEGAL NAME - insert only one d	ebtor name (2a or 2b) - do not abbreviate or combin	e names			
2e. ORGANIZATION'S N	AME						
OR 25. INDIVIDUAL'S LAST	NAME		FIRST NAME	MIDDLE	NAME	SUFFIX	
	28. INDIVIDUAL 3 DIST NAME						
2c. MAILING ADDRESS			спу	STATE	POSTAL CODE	COUNTRY	
2d. SEE INSTRUCTIONS	ADD'L INFO RE	29. TYPE OF ORGANIZATION	2f. JURISDICTION OF ORGANIZATION	2g. ORG	ANIZATIONAL ID #, if any		
	ORGANIZATION DEBTOR	1	1	1		NONE	
		TOTAL ASSIGNEE of ASSIGNOR S/F	") - insert only <u>one</u> secured party name (3e or 3b)				
3a. ORGANIZATION'S N	AME						
OR 36 INDIVIDUAL'S LAST	NAME		FIRST NAME	MIDDLE	NAME	ISUFFIX	
Borel	WANE		Robert			Mr.	
3c. MAILING ADDRESS		<del></del>	CITY	STATE	POSTAL CODE	COUNTRY	
401 North Front Stree	it, Suite 350		Columbus	ОН	43215	USA	
4. This FINANCING STATEM	ENT covers the follow	wing colleteral:	- Marie - Control - Contro				
the petents assigned to existing or new enhan relating to the patents (b) All of Debtor's in in Debtor's business, (d) All of Debtor's at notes, drafts, accepta (e) All records and data (f) All of Debtor's tracopyrights, deposit accepting the control of the con	the numerical desi ocements, develop is or patent applicat sachinery, equipme eventory including, repossessed and occounts, accounts ences and other for data and embedde a on electronic me- ade names, tradem ecounts, licenses a	ignations 4,992,298, and 5,055, ments, concepts, methods, techions ("Patents"); ent, tools, furniture, furnishings, but not limited to, parts, supplie returned goods ("Inventory"); receivable, contract rights, chat rms of obligations and receivable d software relating to the forego dia ("Computer Systems");	**	nark office, in derivative we ipment"); ess, goods, fi funds, instrui ration of Deb ad software to	tangible and intangible orks, ideas, and expres nished goods, material ments, documents, neg dor's business ("Receive o utilize, create, mainta	manifestations, all skons of ideas s used or consume otiable documents, ables"); in and process any	
5. ALTERNATIVE DESIGNA 6. This FINANCING STATE RECORDS 8. OPTIONAL FILER REFER	TEMENT is to be filed Attach Addendum	LESSEE/LESSOR CONS (for record) (or recorded) in the REA (if apolic	IGNEE/CONSIGNOR BAILEE/BAILOR  1 7. Check to REQUEST SEARCH REPORT able) I ADDITIONAL FEET	SELLER/BU I(S) on Debtor potional	YER AG. LIEN (s) All Debtors	NON-UCC FILING Debtor 1 Debtor 2	
Filed with the Ohio Se	ecretary of State	See	attached UCC Financing Statement A	dditional Pa	arty Addendums (pa	ges 2 and 3).	
			· · · · · · · · · · · · · · · · · · ·			_	

FILING OFFICE COPY — UCC FINANCING STATEMENT (FORM UCC1) (REV. 05/22/02)

FOLLO	W INSTRUCTIONS (front	and back) CAREFULLY			İ			
19. NAME OF FIRST DESTOR (1a or 1b) ON RELATED FINANCING STATEMENT BEAMALLOY Technologies, LLC								
15. NAM	E OF PARTY AUTHORIZING	3 THIS AMENDMENT (name	es item 9 Amendment form)		1			
	19a. ORGANIZATION'S NA	ME						
OF	196. INDIVIDUAL'S LAST I	NAME	FIRST NAME	NODLE NAME				
20. MIS	C MISCELLANEOUS				1			
2 of 3	pages				THE ABOVE SPACE IS FOR FILE	NG OFFICE US	ONLY	
21. ADI	DITIONAL DEBTOR'S EX	ACT FULL LEGAL NAM	E - insert onl <u>yone</u> debtor name (	21a or 21b) - d	o not abbreviate or combine	e names		
	21a. ORGANIZATION'S NA	AME						
OR	216, INDIVIDUAL'S LAST	NAME		FIRST NAME	FIRST HAME		MIDDLE NAME	
21c. MA	ILING ADDRESS			СТҮ	сту		POSTAL CODE	COUNTRY
21d. <u>aer</u>	METRICTIONS	ADD'L INFO RE ORGANIZATION DEBTOR	21e. TYPE OF ORGANIZATION	211. JURISDIC	TION OF ORGANIZATION	21g. ORG/	UNIZATIONAL ID #, if a	none
22 AD	DITIONAL DEBTOR'S EX		E - insert onl <u>yone</u> deblor name (	22a or 22h) - d	o not abbreviate or combin	e comes		170170
4.70	22s. ORGANIZATION'S N		E- wheet only <u>one</u> descent familie (	225 03 220/- 0	THE SECTION OF CONTENT	e namos	<del> </del>	
OR	22b. INDIVIDUAL'S LAST	NAME		FIRST NAME	******	MIDDLE N	AME	SUFFIX
22c. MA	ILING ADDRESS			CITY		STATE	POSTAL CODE	COUNTRY
22d. gg	METRYCTICAL	ADD'L INFO RE ORGANIZATION DEBTOR	22e. TYPE OF ORGANIZATION	22f. JURISOIC	TION OF ORGANIZATION	22g. ORG/	MIZATIONAL ID #, If al	none
23. AD	DITIONAL DEBTOR'S EX	CACT FULL LEGAL NAM	E - insert onl <u>yone</u> debtor name (	23a or 23b) - d	o not abbreviate or combin	e names		
	23a. ORGANIZATION'S N	AME						
OR	236. INDIVIDUAL'S LAST	NAME		FIRST NAME		MIDDLE NAME		SUFFIX
23c. MAILING ADDRESS				СПУ		STATE	POSTAL CODE	COUNTRY
	NATRICTIONS	ADD'L INFO RE ORGANIZATION DEBTOR	234. TYPE OF ORGANIZATION		TION OF ORGANIZATION	23g. ORG/	UNIZATIONAL ID III, II ai	ny none
24. AD	DITIONAL SECURED PA	VRTY'S NAME (or NAME	of TOTAL ASSIGNEE) - Insert of	oni <u>yone</u> secured	party name (24a or 24b)			
	24a, ORGANIZATION'S N	AME						
OR	246. INDIVIDUAL'S LAST NAME Friedman			FIRST NAME Alfred		MIODLE NAME SUFFI Mr.		SUFFIX Mr.
401	24c. MAILING ADDRESS 401 North Front Street, Suite 350			Columbu Columbu		STATE OH	POSTAL CODE 43215	COUNTRY USA
25. AD	DITIONAL SECURED PA	VRTY'S NAME (or NAME	of TOTAL ASSIGNEE) - insert of	onlyone secured	perty name (25a or 25b)			
	25s. ORGANIZATION'S N	AME						
OR	255. INDIVIDUAL'S LAST Lazear	NAME		FIRST NAME Bruce	· · -	MIDDLE N	AME	SUFFIX Mr.

cmy Columbus STATE

POSTAL CODE 43215

**UCC FINANCING STATEMENT ADDITIONAL PARTY** 

Rev 05/22/02

COUNTRY

201-UCC1

25c. MAILING ADDRESS 401 North Front Street, Suite 350

> PATENT REEL: 014692 FRAME: 0155

	FINANCING STAT		HUNALPARTI		1				
	V INSTRUCTIONS (front and		NO DYLTELICUT						
BEAN	OF FIRST DEBTOR (1s or 1b) MALLOY Technologie	es, LLC		<u>,</u>	1				
15. NAM	E OF PARTY AUTHORIZING TH	IS AMENDMENT (name	as item 9 Amendment form)		Į.				
OR	19a, ORGANIZATION'S NAME	19e. ORGANIZATION'S NAME							
O.	19b. INDIVIDUAL'S LAST NAM	E	FIRST NAME	MIDDLE NAME					
20. MISC	MISCELLANEOUS				1				
	pages				THE ABOVE SPACE IS FOR FILM		DMLY		
21. ADD	ITIONAL DEBTOR'S EXAC	T FULL LEGAL NAME	E - insert only <u>one</u> deblor name	(21a or 21b) - d	to not abbreviate or combine	nemes	<del> </del>		
	21a. ORGANIZATION'S NAME						,		
OR	216. INDIVIDUAL'S LAST NAM	lE .		FIRST NAME		MIDOLE NAME		SUFFIX	
21c. MAI	LING ADDRESS	***		CITY		STATE	POSTAL CODE	COUNTRY	
21d. mat (	METRICTIONS	ADD'L INFO RE 21e. TYPE OF ORGANIZATION		21f. JURISDIC	21f, JURISDICTION OF ORGANIZATION		21g. ORGANIZATIONAL ID #, If any		
	ORGANIZATION OESTOR						none		
22. ADI	OTTIONAL DEBTOR'S EXAC	T FULL LEGAL NAM	E - insert onl <u>yone</u> debtor name	(22a or 22b) - 0	to not abbreviate or combine	names			
	22s. ORGANIZATION'S NAME	!							
OR	22b, INDIVIDUAL'S LAST NAM	Æ		FIRST NAME	FIRST NAME		MIDDLE NAME		
22c. MAI	LING ADDRESS			CITY	CITY		POSTAL CODE	COUNTRY	
224. see introctions  ADD'L INFO RE ORGANIZATION DESTOR		220. TYPE OF ORGANIZATION	22f. JURISDIO	221. JURISDICTION OF ORGANIZATION		22g. ORGANIZATIONAL ID 8, If any			
23. ADI	DITIONAL DEBTOR'S EXAC	T FULL LEGAL NAM	E - insert onl <u>yone</u> debtor neme	(23a or 23b) - c	do not abbreviate or combine	names			
	23a. ORGANIZATION'S NAME								
OR	236. INDIVIDUAL'S LAST NAM	Æ		FIRST NAME	FRST NAME		MIDDLE NAME		
23c. MA	LING ADDRESS			CITY	CITY		POSTAL CODE	COUNTRY	
234.	нетистон.	ADD'L INFO RE	230. TYPE OF ORGANIZATION	23f. JURISDK	23f. JURISDICTION OF ORGANIZATION		23g. ORGANIZATIONAL ID #, If any		
		DESTOR				1		none 🔲	
24. AD	DITIONAL SECURED PART		of TOTAL ASSIGNEE) - Insert	oni <u>jone</u> secure	d party name (24s or 24b)				
	24s. ORGANIZATION'S NAME								
OR	240. INDIVIDUAL'S LAST NAMÉ Morosky			FIRST NAME Michael		MIDDLE NAME SUFFIX Mr.		1	
	24c. MAILING ADDRESS 401 North Front Street, Suite 350			Columb	us	STATE	POSTAL CODE 43215	COUNTRY USA	
25. AD	DITIONAL SECURED PART	Y'S NAME (or NAME	of TOTAL ASSIGNEE) - insert	ont <u>jone</u> secure	d party name (25e or 25b)				
	25a. ORGANIZATION'S NAME	<u> </u>					-		
OR	256. INDIVIDUAL'S LAST NAI Taub	ME		FIRST NAME Peter		MIDDLE N	ME	SUFFIX Mr.	
	25c. MAIUNG ADDRESS 401 North Front Street, Suite 350			Columb	us	STATE	POSTAL CODE 43215	COUNTRY	

Rev 05/22/02

201-UCC1

**RECORDED: 11/13/2003** 

PATENT REEL: 014692 FRAME: 0156