

FORM PTO-1595  
9-21-95

05-26-2004

DEPARTMENT OF COMMERCE  
Patent and Trademark Office22390 U.S. PTO  
10/849461  
051904

102753149

5.19.04

To the Honorable Assistant Commissioner for Patents: Please record the attached original documents or copy thereof.

1. Name of conveying party(ies): <b>Stefan Kubsch</b> <b>Meinolf Blawat</b> <b>Wolfgang Klausberger</b> <b>Axel Kochale</b> <b>Marco Winter</b>		2. Name and address of receiving party(ies): Name: <b>THOMSON LICENSING S.A.</b>	
Additional name(s) of conveying party(ies) attached: Yes No X		Internal Address:	
3. Nature of conveyance: <input checked="" type="checkbox"/> Assignment <input type="checkbox"/> Security Agreement <input type="checkbox"/> Other		Street Address: <b>46, Quai A. Le Gallo</b> <b>F-92100 Boulogne -Billancourt, France</b>	
Execution Date: <b>March 8, 2004 and March 9, 2004</b>		City: State: Zip:	
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:		Yes No X	

A. Patent Application No.(s) <b>10849461</b>	B. Patent No.(s)
Additional numbers attached? Yes No X	
5. Name and address of party to whom correspondence concerning document should be mailed: Name: <b>JOSEPH S. TRIPOLI</b> Internal Address: <b>THOMSON Licensing Inc..</b>  Street Address: <b>2 Independence Way</b>  City: <b>PRINCETON</b> State: <b>NEW JERSEY</b> Zip: <b>08543-5312</b>	6. Total number of applications and patents involved: <b>1</b>  7. Total Fee (37 CFR 3.41): <b>\$40.00</b> <input type="checkbox"/> Enclosed <input checked="" type="checkbox"/> Authorized to be charged to deposit account  8. Deposit account number: <b>07-0832</b>

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 attached copy is a true copy of the original document.*

Robert D. Shedd

Name of Person Signing

Signature Reg. 36,269

5/19/04  
DateTotal number of pages including cover sheet, attachments, and document: **4**

OMB No. 0651-0011 (exp. 4/94)

DO NOT DETACH THIS PORTION

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

Assistant Commissioner for Patents  
Box Assignments  
Alexandria, VA. 22313

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.

05/26/2004 ECOOPER 00000022 070632 10849461

01 FC:8021 40.00 DA

PATENT  
REEL: 015357 FRAME: 0646

WHEREAS Stefan Kübsch, Im Ohr 2, D-31559 Hohnhorst, Germany; Meinolf Blawat, Sutelstr. 54C, D-30659 Hannover, Germany; Wolfgang Klausberger, Am Uhrturm 26, D-30519 Hannover, Germany; Axel Kochale, Beckerweg 1, D-31832 Springe, Germany; Marco Winter, Böhmerstr. 17, D-30173 Hannover, Germany; hereinafter (collectively) referred to as the assignor, has invented a certain improvement relating to

( ) said application having been filed in the United States Patent and Trademark Office  
on Serial Number ;

EXECUTED, this 8 day of March, 2004.

WITNESSES:

Signature: [Signature]

Name: Susanne Wirtz  
Address: Walter-Giesecking Str. 30  
30159 Hannover

ASSIGNOR:

Signature: [Signature]

Name: Stefan Kubsch

Signature: [Signature]

Name: Michael Zawadzki  
Address: Trageweg 9  
30163 Hannover

EXECUTED, this 8<sup>th</sup> day of March, 2004.

WITNESSES:

Signature: [Signature]

Name: Susanne Wirtz  
Address: Walter-Giesecking Str. 30  
30159 Hannover

ASSIGNOR:

Signature: [Signature]

Name: Meinolf Blawat

Signature: [Signature]

Name: Michael Zawadzki  
Address: Trageweg 9  
30163 Hannover

EXECUTED, this 9<sup>th</sup> day of March, 2004.

WITNESSES:

Signature: [Signature]

Name: Susanne Wirtz  
Address: Walter-Giesecking Str. 30  
30159 Hannover

ASSIGNOR:

Signature: [Signature]


Name: Wolfgang Klausberger

Signature: [Signature]


Name: Michael Zawadzki  
Address: Trageweg 9  
30163 Hannover

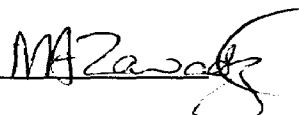
EXECUTED, this 8th day of March, 2004.

WITNESSES:

Signature:   
Name: Susanne Wirtz  
Address: Walter-Giesecking Str. 30  
30159 Hannover

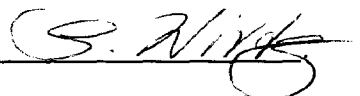
ASSIGNOR:

Signature:   
Name: Axel Kochale


Signature:   
Name: Michael Zawadzki  
Address: Trageweg 9  
30163 Hannover

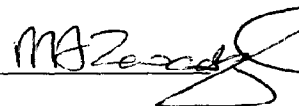
EXECUTED, this 8th day of March, 2004.

WITNESSES:

Signature:   
Name: Susanne Wirtz  
Address: Walter-Giesecking Str. 30  
30159 Hannover

ASSIGNOR:

Signature:   
Name: Marco Winter

Signature:   
Name: Michael Zawadzki  
Address: Trageweg 9  
30163 Hannover