Form PTO-1595 (Rev. 07/05) OME No. 0651-0027 (exp. 6/30/2008)	05-23-2006 S. DEPARTMENT OF COMMERCE
5-17-06 RECC	
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1. Name of conveying party(ies)	2. Name and address of receiving party(ies) O
Piero Sorrini, Andrew Molotchko, John Fischer, Alp	Name: Alcatel
Dibirdi	ooo an
Additional name(s) of conveying party(ies) attached?	No Street Address: 54 rue la Boétie
3. Nature of conveyance/Execution Date(s):	Street Address: <u>54 rue la Boétie</u>
Execution Date(s) <u>May 15. 2006</u>	
Assignment Merger	
Security Agreement Change of Name	City: <u>Paris</u>
Joint Research Agreement	State:
Government Interest Assignment	Country: France Zip:75008
Executive Order 9424, Confirmatory License	
Other	Additional name(s) & address(es) attached? Yes 🖌 No
4. Application or patent number(s): It A. Patent Application No.(s)	nis document is being filed together with a new application. B. Patent No.(s)
5. Name and address to whom correspondence	s attached? ☐ Yes ✔No 6. Total number of applications and patents
concerning document should be mailed:	involved:
Name: <u>KRAMER & AMADO, P.C.</u>	7. Total fee (37 CFR 1.21(h) & 3.41) \$ <u>40.00</u>
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City: <u>Alexandria</u> State: <u>VA</u> Zip: <u>22314</u> Phone Number: <u>703-519-9801</u> Fax Number: <u>703-519-9802</u>	 Enclosed None required (government interest not affecting title) 8. Payment Information a. Credit Card Last 4 Numbers <u>4686</u> Expiration Date <u>08/08</u> b. Deposit Account Number <u>50-0578</u>
City: <u>Alexandria</u> State: <u>VA</u> Zip:22314 Phone Number: 703-519-9801 Fax Number: 703-519-9802 Email Address:	Enclosed None required (government interest not affecting title) 8. Payment Information a. Credit Card Last 4 Numbers 4686 Expiration Date 08/08
City: <u>Alexandria</u> State: <u>VA</u> Zip: <u>22314</u> Phone Number: <u>703-519-9801</u> Fax Number: <u>703-519-9802</u>	 Enclosed None required (government interest not affecting title) 8. Payment Information a. Credit Card Last 4 Numbers <u>4686</u> Expiration Date <u>08/08</u> b. Deposit Account Number <u>50-0578</u>
City: <u>Alexandria</u> State: <u>VA</u> Zip:22314 Phone Number: <u>703-519-9801</u> Fax Number: <u>703-519-9802</u> Email Address: 9. Signature:	Enclosed Benclosed None required (government interest not affecting title) 8. Payment Information a. Credit Card Last 4 Numbers 4686 Expiration Date 08/08 b. Deposit Account Number 50-0578 C Authorized User Name Terry Kramer

Documents to be recorded (including cover sheet) should be faxed to (571) 273-0140, or mailed to: Mail Stop Assignment Recordation Services, Director of the USPTO, P.O.Box 1450, Alexandria, V.A. 22313-1450

PATENT REEL: 017887 FRAME: 0866

ASSIGNMENT

In consideration of the sum of One Dollar (\$1.00) and other good and valuable consideration, the receipt and sufficiency of which is acknowledged, the undersigned, whose names and full post office addresses are set out below:

Name	Address
Piero Sorrini	6 Redcar Crescent Ottawa, Ontario, K2K 3E2 Canada
Andrew Molotchko	25 Langford Crescent Kanata, Ontario, K2K 2N5 Canada
John Fischer	101 Beechfern Drive Stittsville, Ontario, K2S 1E3 Canada
Alp Dibirdi	19 Tyne Court Kanata, Ontario, K2K 3H7 Canada

do hereby sell, assign and transfer to **ALCATEL**, hereinafter called the assignee, whose full post office address is 54, rue La Boétie, 75008 Paris, France, and to the assignee's successors, assigns or other legal representatives, our entire right, title, interest, property and benefit for Canada, the United States of America and all other countries, in and to our invention relating to

SYSTEM AND METHOD OF INTERFACE ASSOCIATION FOR INTERFACE OPERATIONAL STATUS EVENT MONITORING

including subject matter which is fully set forth and described in my application for Letters Patent of the United States of America, for which a declaration has been signed on even date herewith;

together with our entire right, title, interest, property and benefit for Canada, the United States of America and all other countries, in and to the aforementioned applications, and any foreign applications corresponding thereto and any Letters Patent which may issue for the invention from such applications, including all divisions, continuations, continuations-inpart, re-examinations, reissues and extensions, and any rights of priority resulting from the filing of the above-identified applications under international conventions, treaties or otherwise, the same to be held and enjoyed as fully and exclusively as they would have been by us had this sale, assignment and transfer not been made;

We hereby covenant and agree to do all such things and to execute without further consideration such further assurances, applications and other instruments as may reasonably be required by the assignee to obtain Letters Patent in Canada, the United States of America and all other countries, for the invention, and vest the same in the Assignee;

In witness whereof, we have hereunto signed my name on the day and year set forth below.

Signature and Statement of Witness for Piero Sorrini:

Signature Signed at		lero s	orrini DTTAWA						, t	his
15	da;	y of _	MAY	($\widehat{\mathcal{T}}$, :	<u>2006</u> .			
				(8:	Ignatu	re of	Piero	>		
Statement	of	itness	2							_
I,	XIII	24 1	SIDWU				whose	e full	post off	ice
address is		me laf	Witness)	Acapo	er (jut	KAS	121	.Cano	do
atata tha	⊢ т		(Addres ersonallv	ss of Wiltr		aia	800	Diero	gorrint	who

state that I was personally present and did see **Piero Sorrini** who is personally known to me to be the person named in the above assignment, duly execute the same on the date set forth above.

ignature of jitness)

Signature and Statement of Witness for Andrew Molotchko:

Signature Signed at	Andrew	Nolotchko		this
_15	 day of	May	, <u>2006</u> .	
			I llow	
			(Olemature of Sudman Malatable)	

(Signature of Andrew Molotchko)

Statement of Witness		
I. Hauley Drown	, whose full	post office
Statement of Witness I, (Name of Witness)		
address is 171 Third Acre, Ar	prier, Ont. V.75 121	.Canada
state that I was personally pres	nt and did see Andrew !	Molotchko who

- 3 -

state that I was personally present and did see **Andrew Molotchko** who is personally known to me to be the person named in the above assignment, duly execute the same on the date set forth above.

Signatore of

Signature and Statement of Witness for John Fischer:

Signature Signed at	of John Fisc	her Hawa		, this
15	day of	May	, 2006.	
		,	(Signature of John Fischer)	
~				

SCa 101 I, whose full post office Witness) 121, Canada Aue. Amprier, Ont. K95 (Address of Witness) address is

state that I was personally present and did see John Fischer who is personally known to me to be the person named in the above assignment, duly execute the same on the date set forth above.

(Signature & Witness)

Signature and Statement of Witness for Alp Dibirdi:

Signature Signed at	of Alp Dib	irđi Wa		, this
45	day of	May	<u>, 2006</u> .	
			(Signature of Mitchindi)	<u> </u>

Statement of Witpess PULLEU , whose full post office I, s S C N Witnes Hue (Address of Witness) address is D3

state that I was personally present and did see Alp Dibirdi who is personally known to me to be the person named in the above assignment, duly execute the same on the date set forth above.

VOOX roun Witness] 2

RECORDED: 05/17/2006