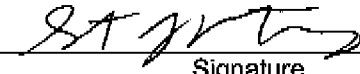


Client Code: VIRTP.UCC1

**RECORDATION FORM COVER SHEET
PATENTS ONLY**

To the Director, U.S. Patent and Trademark Office: Please record the attached original documents or copy thereof.

<p>1. Name of conveying party(ies): (List using letters or numbers for multiple parties)</p> <p>KNOBBE, MARTENS, OLSON, & BEAR, LLP</p> <p>Additional name(s) of conveying party(ies) attached?</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>2. Name and address of receiving party(ies):</p> <p>Name: VIRTUAL PRO, INC.</p> <p>Internal Address: #2</p> <p>Street Address: 419 W. Belden</p> <p>City: Chicago State: IL</p> <p>ZIP: 60614</p> <p>Additional name(s) of receiving party(ies) attached?</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>3. Nature of conveyance:</p> <p><input type="checkbox"/> Assignment <input type="checkbox"/> Security Agreement</p> <p><input type="checkbox"/> Merger <input type="checkbox"/> Change of Name</p> <p><input checked="" type="checkbox"/> Other: Security Interest Termination</p> <p>Execution Date: (List as in section 1 if multiple signatures)</p> <p>November 25, 2008</p>	<p>4. US or PCT Application number(s) or US Patent number(s):</p> <p><input checked="" type="checkbox"/> Patent No.: 6476943</p> <p>Issued: November 5, 2002</p> <p>Additional numbers attached?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>5. Party to whom correspondence concerning document should be mailed:</p> <p>Customer No. 20,995</p> <p>Address: Knobbe, Martens, Olson & Bear, LLP 2040 Main Street, 14th Floor Irvine, CA 92614</p> <p>Return Fax: (949) 760-9502</p> <p>Attorney's Docket No.: VIRTP.UCC1</p>	<p>6. Total number of applications and patents involved: 2</p>
<p>7. Total fee (37 CFR 1.21(h)): \$80.00</p> <p><input checked="" type="checkbox"/> Authorized to be charged to deposit account</p>	<p>8. Deposit account number: 11-1410</p> <p>Please charge this account for any additional fees which may be required, or credit any overpayment to this account.</p>
<p>9. Statement and signature.</p> <p>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.</p> <p><u>Steven J. Nataupsky</u> Name of Person Signing</p> <p><u></u> Signature</p> <p><u>5/11/09</u> Date</p> <p>37,688 Registration No.</p> <p>Total number of pages including cover sheet, attachments and document: 3</p>	

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Case No.	Title of Invention:	Application No.	Filing Date	Patent No.	Date Issued
VIRTP.001A	DISTANCE MEASUREMENT APPARATUS	09/256641	2/23/1999	6476943	11/5/2002
VIRTP.002A	APPARATUS AND METHOD FOR THE ANALYSIS OF NUCLEIC ACIDS HYBRIDIZATION ON HIGH DENSITY NA CHIPS	09/413596	10/6/1999	6376177	4/23/2002

00806536002 Received: 11/25/2008

File Number: 20080104385B
 Date Filed: 11/25/2008 10:00 AM
 Elaine F. Marshall
 NC Secretary of State

UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER (optional) Stephen Ybarra (949) 721-5265
B. SEND ACKNOWLEDGMENT TO: (Name and Address) Knobbe, Martens, Olson, & Bear, LLP 2040 Main Street, 14th Floor Irvine, CA 92614 Attn: Stephen Ybarra

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a. INITIAL FINANCING STATEMENT FILE # 20040017722G	1b. This FINANCING STATEMENT AMENDMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS. <input type="checkbox"/>
2. <input checked="" type="checkbox"/> TERMININATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement.	
3. <input type="checkbox"/> CONTINUATION: Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law.	
4. <input type="checkbox"/> ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and address of assignee in item 7c; and also give name of assignor in item 9.	
5. AMENDMENT (PARTY INFORMATION): This Amendment affects <input type="checkbox"/> Debtor or <input type="checkbox"/> Secured Party of record. Check only <u>one</u> of these two boxes. Also check <u>one</u> of the following three boxes and provide appropriate information in items 6 and/or 7. <input type="checkbox"/> CHANGE name and/or address: Give current record name in item 6a or 6b; also give new name (if name change) in item 7a or 7b and/or new address (if address change) in item 7c. <input type="checkbox"/> DELETE name: Give record name to be deleted in item 6a or 6b. <input type="checkbox"/> ADD name: Complete item 7a or 7b, and also item 7c; also complete items 7d-7g (if applicable).	
6. CURRENT RECORD INFORMATION:	
6a. ORGANIZATION'S NAME	
OR	6b. INDIVIDUAL'S LAST NAME
	FIRST NAME
	MIDDLE NAME
	SUFFIX
7. CHANGED (NEW) OR ADDED INFORMATION:	
7a. ORGANIZATION'S NAME	
OR	7b. INDIVIDUAL'S LAST NAME
	FIRST NAME
	MIDDLE NAME
	SUFFIX
7c. MAILING ADDRESS	CITY
	STATE
	POSTAL CODE
	COUNTRY
7d. TAX ID #: SSN OR EIN	7e. TYPE OF ORGANIZATION
ADDITIONAL INFO RE ORGANIZATION DEBTOR	7f. JURISDICTION OF ORGANIZATION
	7g. ORGANIZATIONAL ID #, if any
	<input type="checkbox"/> NONE
8. AMENDMENT (COLLATERAL CHANGE): check only <u>one</u> box. Describe collateral <input type="checkbox"/> deleted or <input type="checkbox"/> added, or give entire <input type="checkbox"/> restated collateral description, or describe collateral <input type="checkbox"/> assigned.	
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT (name of assignor, if this is an Assignment). If this is an Amendment authorized by a Debtor which adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here <input type="checkbox"/> and enter name of DEBTOR authorizing this Amendment.	
9a. ORGANIZATION'S NAME Knobbe, Martens, Olson, & Bear, LLP	
OR	9b. INDIVIDUAL'S LAST NAME
	FIRST NAME
	MIDDLE NAME
	SUFFIX
10. OPTIONAL FILER REFERENCE DATA VIRTP	

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