To the Honorable Commissioner of P  101237111  Name of conveying party(ies):  SILICON VALLEY BANK  Internal Address: 1105 SANCTORY PANTY  Comporation-State Other  Cherry  Change of Name  Cha	v. 6-93) B No. 0551-0011 (exp. 494)	1-2000 Patent and Trademark C
Name of conveying party(les):  SILICON VALLEY BANK  Individual(s)   Association   General Partnership   Corporation-State   City: ALPHARETTA   State:   Case   File   Corporation   Corporation-State   City: ALPHARETTA   State:   Case   File   Corporation   Corporation	Tab settings ○ ○ ○ ▼	
Name: WITNESS SYSTEMS, IN- Individual(s)   Association   Ceneral Partnership   Limited Partnership   Corporation-State   City: ALPHARETTA   State: Corporation-State   Individual(s) citizenship   Association   Association   Association   Corporation-State   City: ALPHARETTA   State: Corporation-State   City: ALPHARETTA   State: Corporation-State   City: Alpharetria   City: Corporation-State   City: Alpharetria   City: Corporation-State   City: Alpharetria   City: Corporation-State   City: Corpora	To the Honorable Commissioner of P 10123	attached original documents or copy thereof.
Internal Address: 1105 SANCTORY FOUNTY  Internal Address: 1105 SANCTORY FOUNTY  General Partnership   Limited Partnership   Corporation-State   City: ALPHARETTA   State: 2 (15 Ancional name(s) of conveying pany(les) attached? 2 ves 2 No   Nature of conveyance:   Individual(s) citizenship   Association	Name of conveying party(ies):	
Internal Address: 1105 SANCTORY Fix William Internal Address: 1105	Individual(s)	Name.
Individual(s)   Association General Partnership   Umited Partnership Corporation-State Other   Individual(s) citizenship   Association Nature of conveyance:   Assignment   Merger   Association   General Partnership   Umited Partnership   Association   General Partnership   Imited P		Internal Address: 1105 SANCTULRY KWY STE 210
General Partnership   Limited Partnership   City: ALPHARETTA   State: Comporation-State   Other   Individual(s) citizenship   Association   As		N 10
Other		2 (
Assignment	•	
Nature of conveyance:    Assignment		☐ Individual(s) citizenship
□ Assignment □ Merger □ Change of Name □ Security Agreement □ RELEASE □ Change of Name □ Securition Date: □ Change of Name □ Change of Name □ Securition Date: □ No □ Change of Name □ Securition Date: □ Change of Name □ Securition Date: □ Securition Date: □ Securition Date: □ Securition Date: □ Change of Name □ Securition Date: □ Securition Date: □ Change of Name □ Securition Date: □ Securition Date: □ Securition Date: □ Change of Name □ Composition Date: □ Change of Name □ Change □	Nature of conveyance:	☐ General Partnership
□ Security Agreement □ Change of Name     □ Other	□ Assignment □ Marger	☐ Corporation-State
### Other RELEASE   If assignee is not domicided in the United States, a domestic representation and its altrached:   1 yes   1 No		1 0 04
Continue		If assignee is not domiciled in the United States, a domestic representative design
A. Trademark Application No.(s)  7.5, 287, 158  75, 064, 293  Additional numbers attached? □ Yes □ No  Name and address of party to whom correspondence concerning document should be mailed:  Name: SILICON VALLEY BANK  Internal Address: LOAN DOCUMENTATION GROUP  HG150  B. Trademark Registration No.(s)  6. Total number of applications and registrations involved:	recution Date:	(Designations must be a separate document from assignment)
Additional numbers attached?   Yes   No  Name and address of party to whom correspondence concerning document should be mailed:  Name: SJLJCON VALLEY BANK  Internal Address: LOAN DOCUMENTATION GROUP  HGI50    Cand Document Street Address: 3001 TASMAN DRIVE    City: SANTA CLARA State: CA ZIP: 95054    Cand Document State CA ZIP: 95054	Application number(s) or patent number(s):	** *** ** *** *** *** *** *** *** ***
Additional numbers attached?   Yes   No  Name and address of party to whom correspondence concerning document should be mailed:  Name: SJLJCON VALLEY BANK  Internal Address: LOAN DOCUMENTATION GROUP  HGI50    Cand Document Street Address: 3001 TASMAN DRIVE    City: SANTA CLARA State: CA ZIP: 95054    Cand Document State CA ZIP: 95054	A. Trademark Application No.(s)	B. Trademark Registration No.(s)
Additional numbers attached?   Yes   No  Name and address of party to whom correspondence concerning document should be mailed:  Name: SILJCON VALLEY BANK  Internal Address: LOAN DOCUMENTATION GROUP  HG150    City: SANTA CLARA   State: CA   ZIP: 95054    City: SANTA CLARA   State: CA   ZIP: 95054    Statement and signature   Do Not use this page if paying by deposit active original document.  Teresa   Cother   Teresa   Ter		or visiting and vi
Name and address of party to whom correspondence concerning document should be mailed:  Name: STLICON VALLEY BANK  Internal Address: LOAN DOCUMENTATION GROUP  HG150  Genclosed CHECK NO.  Authorized to be charged to deposit account number:  City: SANTA CLARA State: CA ZIP: 95054  City: SANTA CLARA State: CA ZIP: 95054  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 original document.  Teresa Correct Address: Signature Signatur	•	
Name and address of party to whom correspondence concerning document should be mailed:    Name:   SILJCON VALLEY BANK	,	t bers attached? □ Yes □ No
registrations involved:  Name: SJLJCON VALLEY BANK  Internal Address: LOAN DOCUMENTATION GROUP  HG150  General Address: 3001 TASMAN DRIVE  Street Address: 3001 TASMAN DRIVE  8. Deposit account number:  City: SANTA CLARA State: CA ZIP: 95054  (Attach duplicate copy of this page if paying by deposit account the best of my knowledge and belief, the foregoing information is true and correct and any attached copy is a true of person Signing  Name of Person Signing  Signature  Signature  To the best of my knowledge and belief, the foregoing information is true and correct and any attached copy is a true and of person Signing  Signature  Signature  Signature  To the best of my knowledge and belief, the foregoing information is true and correct and any attached copy is a true and of person Signing  Signature  Signature  Signature  To the best of my knowledge and belief, the foregoing information is true and correct and any attached copy is a true and of person Signing  Signature  Signature  Signature  Signature	Name and address of party to whom correspondence	6. Total number of applications and
Internal Address: LOAN DOCUMENTATION GROUP  HG150  Genclosed  CHECK NO.  Authorized to be charged to deposit account number:  City: SANTA CLARA State: CA ZIP: 95054  (Attach duplicate copy of this page if paying by deposit account to the best of my knowledge and belief, the foregoing information is true and correct and any attached copy is a true original document.  Teresa Come?  Name of Person Signing  7. Total fee (37 CFR 3.41)\$ 65.0  CHECK NO.  Authorized to be charged to deposit account number:  (Attach duplicate copy of this page if paying by deposit account number:  To the best of my knowledge and belief, the foregoing information is true and correct and any attached copy is a true original document.  Teresa Come?  Name of Person Signing  Signature	· · ·	
Internal Address: LOAN DOCUMENTATION GROUP  HG150  C Enclosed CHECK NO.  Authorized to be charged to deposit account number:  City: SANTA CLARA State: CA ZIP: 95054  (Attach duplicate copy of this page if paying by deposit account to the best of my knowledge and belief, the foregoing information is true and correct and any attached copy is a true original document.  Teresa Comez  Name of Person Signing  7. Total fee (37 CFR 3.41)\$ 65.0  CHECK NO.  (Attach duplicate copy of this page if paying by deposit account number:  (Attach duplicate copy of this page if paying by deposit account number:  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 original document.  Teresa Comez  Name of Person Signing  Signature	Name: SJLJCON VALLEY BANK	
Street Address: 3001 TASMAN DRIVE  8. Deposit account number:  City: SANTA CLARA State: CA ZIP: 95054  (Attach duplicate copy of this page if paying by deposit account number to the best of my knowledge and belief, the foregoing information is true and correct and any attached copy is a truthe original document.  Teresa Correct To the best of my knowledge and belief, the foregoing information is true and correct and any attached copy is a truthe original document.  Teresa Correct To the best of my knowledge and belief, the foregoing information is true and correct and any attached copy is a truthe original document.  Teresa Correct To the best of my knowledge and belief, the foregoing information is true and correct and any attached copy is a truthe original document.  Signature Signature Signature Dates the control of	Traine.	7. Total fee (37 CFR 3.41)
Authorized to be charged to deposit account  Street Address: 3001 TASMAN DRIVE  8. Deposit account number:  City: SANTA CLARA State: CA ZIP: 95054  Attach duplicate copy of this page if paying by deposit account number:  DO NOT USE THIS SPACE  Statement and signature.  To the best of my knowledge and belief, the foregoing information is true and correct and any attached copy is a truthe original document.  Teresa Corner Signature  Name of Person Signing  Date of Signature Signature  Date of Signature Signature Signature Signature Date of Signature Si	•	— D Enclosed CHECK NO
Street Address: 3001 TASMAN DRIVE  8. Deposit account number:  City: SANTA CLARA State: CA ZIP: 95054  /2000 PHEI/FH 00000077 75287158  DO NOT USE THIS SPACE  Statement and signature:  To the best of my knowledge and belief, the foregoing information is true and correct and any attached copy is a truthe original document.  Teresa Corwer Signing  Name of Person Signing  Signature  Signature  Signature	HG150	_
8. Deposit account number:  City: SANTA CLARA State: CA ZIP: 95054  /2000 MISUYEN 00000077 75287158  DO NOT USE THIS SPACE  Statement and signature  To the best of my knowledge and belief, the foregoing information is true and correct and any attached copy is a truthe original document.  Teresa Come?  Name of Person Signing  Signature  8. Deposit account number:  (Attach duplicate copy of this page if paying by deposit account number:  (Attach duplicate copy of this page if paying by deposit account number:		Authorized to be charged to deposit account
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Statement and signature To the best of my knowledge and belief, the foregoing information is true and correct and any attached copy is a truthe original document.  Teresa Govel 7  Name of Person Signing		8. Deposit account number:
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TRADEMARK

## RELEASE OF SECURITY AGREEMENT COVERING INTERESTS IN TRADEMARKS

Silicon Valley Bank ("Secured Party"), hereby releases its security interest in the interests of Witness Systems, Inc. ("Assignor") in the trademarked works set forth in that certain Intellectual Property Security Agreement dated April 22, 1999, executed by Assignor in favor of Secured Party recorded with the United States Department of Commerce, Patent and Trademark Office on June 1, 1999, Reel 1905 Frame(s) 0375.

Dated: December 14, 1999

SILICON VALLEY BANK

Dy: Name:

h: docs\ipagrmts\3release

**RECORDED: 12/22/1999** 

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