12-28-2001 Form PTO-1594 U.S. DEPARTMENT OF COMMERCE (Rev. 03/01) U.S. Patent and Trademark Office OMB No. 0651-0027 (exp. 5/31/2002 101927519 Tab Settings $\Rightarrow \Rightarrow \Rightarrow$ To the Honorable Commissioner of Patents and Trademarks: Please record the attached original documents or copy thereof. 12/26/01 Name of Conveying party(ies): Name and address of receiving party(ies) Name: NCS Pearson, Inc. Internal National Computer Systems, Inc. Address: ☐ Individual(s) Association Street Address: 11000 Prairie Lakes Drive ☐ General Partnership ☐ Limited Partnership City: Eden Prairie State: MN Zip: 55344 X Corporation-State (Minnesota) ☐ Individual(s) citizenship____ Other ☐ Association General Partnership_ Additional name(s) of conveying party(ies) attached? • Yes X No ☐ Limited Partnership_ X Corporation-State Minnesota ☐ Other Nature of conveyance: If assignee is not domiciled in the United States, a domestic □ Merger □ Assignment ☐ Security Agreement X Change of Name representative designation is attached: Yes No Other_ Designations must be a separate document from assignment) Execution Date: November 1, 2000 Additional name(s) & address(es) attached? ☐ Yes X No Application number(s) or registration number(s): B. Trademark Registration No.(s) A. Trademark Application No.(s) 1.934,245 and 1, 934,250 Additional number(s) attached \(\sigma\) Yes X No Total number of applications and Name and address of party to whom correspondence registrations involved: concerning document should be mailed: Name: Nancy K. Pond 7. Total fee (37 CFR 3.41) <u>65.00</u> Internal Address: NCS Pearson, Inc. _ X Enclosed Authorized to Deposit account r Street Address: 11000 Prairie Lakes Drive (Attach duplicate copy of this page if paying by deposit account)

Total number of pages including cover sheets, attachments, and document: 12/28/2001 LMUELLER 00000063 1934245

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City: Eden Prairie

Statement and signature.

Nancy K. Pond

a true copy of the original document.

Name of Person Signing

November 9, 2001

Date

MINNESOTA SECRETARY OF STATE

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CORPORATE NAME	E: (List the name of the com	pany prior to any desired name cha	inge)		
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