

02/24/2016



DEPARTMENT OF COMMERCE
Patent and Trademark Office

02 24-16

RECORD
TRADEMARK
103674582

To the Director of the U. S. Patent and Trademark Office: Please record the attached documents or the new address(es) below.

1. Name of conveying party(ies):

Nautilus Ventures LLC

- Individual(s)
- Partnership
- Corporation- State: _____
- Other LLC - New York

Citizenship (see guidelines) USA

Additional names of conveying parties attached? Yes No

3. Nature of conveyance/Execution Date(s) :

Execution Date(s) 2/11/2016

- Assignment
- Security Agreement
- Other _____
- Merger
- Change of Name

2. Name and address of receiving party(ies)

Additional names, addresses, or citizenship attached? Yes No

Name: Nautilus Think Inc.

Street Address: 415 Madison Avenue, 13th Floor

City: New York

State: New York

Country: USA Zip: 10017

- Individual(s) Citizenship _____
- Association Citizenship _____
- Partnership Citizenship _____
- Limited Partnership Citizenship _____
- Corporation Citizenship New York
- Other _____ Citizenship _____

If assignee is not domiciled in the United States, a domestic representative designation is attached: Yes No
(Designations must be a separate document from assignment)

4. Application number(s) or registration number(s) and identification or description of the Trademark.

A. Trademark Application No.(s) _____ Text

B. Trademark Registration No.(s)

85982375

Additional sheet(s) attached? Yes No

C. Identification or Description of Trademark(s) (and Filing Date if Application or Registration Number is unknown):

The mark "NAUTILUS" in International Classes 9 & 16

5. Name & address of party to whom correspondence concerning document should be mailed:

Name: Neil J. Rosini, Esq.

Internal Address: _____

Street Address: c/o Franklin, Weinrib, Rudell & Vassallo
488 Madison Avenue, 18th Floor

City: New York

State: New York Zip: 10022

Phone Number: 212-935-5500

Docket Number: _____

Email Address: nrosini@fwrv.com

6. Total number of applications and registrations involved:

1

7. Total fee (37 CFR 2.6(b)(6) & 3.41) \$ 40

- Authorized to be charged to deposit account
- Enclosed

8. Payment Information:

Deposit Account Number _____

Authorized User Name _____

9. Signature:

Signature

2/18/2016
Date

NEIL J. ROSINI

Name of Person Signing

Total number of pages including cover sheet, attachments, and document: 2

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

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