

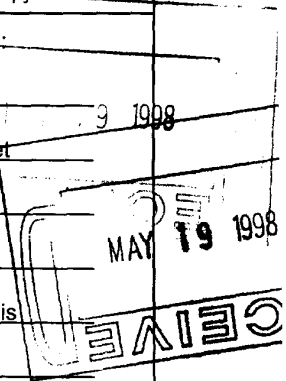
06-10-1998



FORM PTO-1594 (7/97)	RE	100700186	U.S. DEPARTMENT OF COMMERCE Patent and Trademark Office
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To the Honorable Commissioner of Patents and Trademarks: Please Record the attached original documents or copy thereof

1. Name of conveying party(ies): Arthur Andersen & Co. Entity: <u>General Partnership of Illinois</u> Additional name(s) of conveying party(ies) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	2. Name and address of receiving party(ies): Name: <u>Arthur Andersen LLP</u> Address: <u>69 West Washington Street</u> <u>Chicago, Illinois 60602</u> Entity: <u>Limited Liability Partnership of Illinois</u> If assignee is not domiciled in the United States, an appointment of domestic representative is attached: <input type="checkbox"/> Yes <input type="checkbox"/> No Additional name(s) & address(es) attached: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3. Nature of conveyance: <u>MAD5-19-98</u> <input type="checkbox"/> Assignment <input type="checkbox"/> Merger <input type="checkbox"/> Security Agreement <input checked="" type="checkbox"/> Change of Name <input type="checkbox"/> Other _____ Date: <u>September 1, 1994</u>	



4. Application or Registration number(s): A. Trademark Application No.(s) B. Trademark Registration No.(s) 1,661,918 Additional numbers attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

5. Name and address of party to whom correspondence concerning document should be mailed: Hill & Simpson, P.C. Attn: Trademark Department 85th Floor-Sears Tower Chicago, IL 60606 Att. Ref. No(s): <u>T95,3217</u>	6. Total number of trademark applications and registrations involved: <u>1</u>
	7. Total Fee (37 CFR 3.41) \$40.00 <input checked="" type="checkbox"/> Enclosed <input checked="" type="checkbox"/> Any additional fees or credits are authorized to be charged to deposit account. A duplicate copy of this page is attached for use when applicable.
	8. Deposit Account Number: <u>08-2290</u>

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DO NOT USE THIS SPACE

9. Statement and signature: <i>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.</i> <u>Edward A. Lehman</u> Name of Person Signing	<u>Edward A. Lehman</u> Signature	<u>May 18, 1998</u> Date
Total number of pages including cover sheet, attachments and document: <u>5</u>		

Mail documents to be recorded and required cover sheet information to:
Commissioner of Patents and Trademarks
Box Assignments
Washington, D.C. 20231

11-12-1997

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FORM PTO-1594

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U.S. DEPARTMENT OF COMMERCE

Patent and Trademark Office

To the Honorable Commissioner of Patents and Trademarks: Please Record the attached original documents or copy thereof.

1. Name of conveying party(ies):
 Arthur Andersen & Co.
 Entity: General Partnership of Illinois
 Additional name(s) of conveying party(ies) attached?
 Yes No

2. Name and address of receiving party(ies):
 Name: Arthur Andersen LLP
 Address: 69 West Washington Street
Chicago, Illinois 60602
 Entity: Limited Liability Partnership of Illinois
 If assignee is not domiciled in the United States, an appointment of domestic representative is attached: Yes No
 Additional name(s) & address(es) attached: Yes No

3. Nature of conveyance:
 Assignment Merger
 Security Agreement Change of Name
 Other _____
 Date: September 1, 1994

4. Application or Registration number(s):
 A. Trademark Application No.(s) _____ B: Trademark Registration No.(s) _____
 1,661,198
 Additional numbers attached? Yes No

5. Name and address of party to whom correspondence concerning document should be mailed:
Hill, Steadman & Simpson, P.C.
Attn: Trademark Department
85th Floor-Sears Tower
Chicago, IL 60606
 Att. Ref. No(s): T95,3217

6. Total number of trademark applications and registrations involved: 1
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8. Deposit Account Number: 08-2290

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9. 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 copy of the original document.
Edward A. Lehman October 20, 1997
 Name of Person Signing Signature Date

Total number of pages including cover sheet, attachments and document: 5

Mail documents to be recorded and required cover sheet information to:
 Commissioner of Patents and Trademarks
 Box Assignments
 Washington, D.C. 20231



AFFIDAVIT

We, Arthur Andersen LLP, a limited liability partnership organized and existing under the laws of the State of Illinois, U.S.A., having its principal place of business at 69 West Washington Street, Chicago, Illinois 60602, U.S.A., do hereby declare that the said limited liability partnership changed its name and status from Arthur Andersen & Co., an Illinois general partnership, on the 1st day of September 1994 by filing the document attached as Exhibit A with the Secretary of State of Illinois.

Arthur Andersen LLP

By: *Robert I. Pender*
Robert I. Pender
(type name)

Sworn to and subscribed before me on this ~~1st~~ day of *July*, 1995.

Georgiann Melchiorre
Notary Public

SEAL



C:\ANDERSEN\ACLLP.AFF



George H. Kyan
Secretary of State
Business Services
Uniform Partnership
Rm. 357, Howlett Bldg.
Springfield, IL. 62756

Illinois
UNIFORM PARTNERSHIP ACT
APPLICATION for REGISTRATION of
LIMITED LIABILITY PARTNERSHIP

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by Secretary of
State

EXHIBIT A

Must be typewritten
This space for use by Secretary of State

Date: 9-1-94
Assigned File #: 000-004
Filing Fee \$ 5000.00
Approved: [Signature]

FILED
SEP - 1 1994
SECRETARY OF STATE

Payment must be made by certified check, cashier's check, Illinois attorney's check, Illinois C.P.A.'s check or money order, payable to the "Secretary of State".

Federal employer identification number (F.E.I.N.): 36-0732690 SEP - 1 1994

This registration application is effective for one year after the date filed with Secretary of State, and will expire if not renewed prior to that date.

1. The Registered Limited Liability Partnership name is Arthur Andersen LLP

(The name of the registered limited liability partnership shall contain the words "Registered Limited Liability Partnership" or the abbreviation "L.L.P." or the designation "LLP" as the last words or letters of its name.)

2. The address, including county, of its principal office: (Post office box alone and c/o are unacceptable) 69 West Washington Street
Chicago, Illinois 60602

3. Illinois Registered Agent: James R. Kackley
Illinois Registered Office: 33 West Monroe Street
(P.O. Box alone and c/o are unacceptable) Chicago, Illinois 60603

4. Total number of partners 1,163
Fee per partner x \$100.00
Total filing fee \$5,000
(In no event shall the fee exceed \$5,000.00.)

5. A brief statement of the business in which the partnership engages:
Include the business code # (IRS Form 1065) Arthur Andersen LLP provides accounting, tax, auditing, consulting, corporate finance and other related services.
(Code: 8722)

* The number of partners is 1,163. This includes individuals who are designated as "partners" and individuals who are designated as "participating principals" or "national directors" of the partnership (because of their special contractual relations with the partnership), and has been used solely for purposes of this application and qualifying as a registered limited liability partnership. The fee being paid in connection with the filing of this application has been calculated on the basis of the aggregate number indicated above.

- 6. The partnership hereby applies for status as a registered limited liability partnership.
- 7. The undersigned affirms, under penalties of perjury, having authority to sign hereto, that this registration application is to the best of my knowledge and belief, true, correct and complete.

Dated September 1 19 94.

Signature and Name	Business Address
1. By: <u>Richard Brown</u> Signature	1. <u>69 West Washington Street</u> Number Street
<u>R. Richard Brown, Partner</u> (Type or print name and title)	<u>Chicago, IL 60602</u> City/Town
<u>(Name if corporation or other entity)</u>	<u>Illinois 60602</u> State Zip Code
2. _____ Signature	2. _____ Number Street
<u>(Type or print name and title)</u>	<u>City/Town</u>
<u>(Name if corporation or other entity)</u>	<u>State Zip Code</u>

The Registration Application shall be executed by a majority in interest of the partners or by one or more partners authorized to execute the application.

STATE OF ILLINOIS
Office of the Secretary of State
I hereby certify that this is a true and
correct copy, consisting of two
pages, as taken from the original on file in
this office.

George H. Ryan

GEORGE H. RYAN
SECRETARY OF STATE

DATED: June 12, 1995

BY: Jennifer L. Borders

