

09-28-1998



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RECORDATION FORM COVER SHEET
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TO: The Commissioner of Patents and Trademarks: Please record the attached original document(s) or copy(ies).

Submission Type <input checked="" type="checkbox"/> New <input type="checkbox"/> Resubmission (Non-Recordation) Document ID # <input type="text"/> <input type="checkbox"/> Correction of PTO Error Reel # <input type="text"/> Frame # <input type="text"/> <input type="checkbox"/> Corrective Document Reel # <input type="text"/> Frame # <input type="text"/>	Conveyance Type <input type="checkbox"/> Assignment <input type="checkbox"/> License <input type="checkbox"/> Security Agreement <input type="checkbox"/> Nunc Pro Tunc Assignment <input type="checkbox"/> Merger Effective Date Month Day Year <input type="text" value="11/15/96"/> <input checked="" type="checkbox"/> Change of Name <input type="checkbox"/> Other <input type="text"/>
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Conveying Party Mark if additional names of conveying parties attached

Name Execution Date
 Month Day Year

Formerly

Individual General Partnership Limited Partnership Corporation Association

Other

Citizenship/State of Incorporation/Organization

Receiving Party Mark if additional names of receiving parties attached

Name

DBA/AKA/TA

Composed of

Address (line 1)

Address (line 2)

Address (line 3)

City State/Country Zip Code

Individual General Partnership Limited Partnership Association

Corporation Association

Other

Citizenship/State of Incorporation/Organization

If document to be recorded is an assignment and the receiving party is not domiciled in the United States, an appointment of a domestic representative should be attached. (Designation must be a separate document from Assignment.)

FOR OFFICE USE ONLY

09/28/1998 DCOATES 00000054 75153297

01-FC-481 40.00 OP
02-PT-148
The burden reporting for this collection of information is estimated to average approximately 30 minutes per Cover Sheet to be recorded, including time for reviewing the document and gathering the data needed to complete the Cover Sheet. Send comments regarding this burden estimate to the U.S. Patent and Trademark Office, Chief Information Officer, Washington, D.C. 20231 and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Paperwork Reduction Project (0651-0027), Washington, D.C. 20503. See OMB Information Collection Budget Package 0651-0027. Patent and Trademark Assignment Practice. DO NOT SEND REQUESTS TO RECORD ASSIGNMENT DOCUMENTS TO THIS ADDRESS.

Mail documents to be recorded with required cover sheet(s) information to:
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TRADEMARK
REEL: 1791 FRAME: 0906

Domestic Representative Name and Address

Enter for the first Receiving Party only.

Name:

Address (line 1):

Address (line 2):

Address (line 3):

Address (line 4):

Correspondent Name and Address

Area Code and Telephone Number:

Name:

Address (line 1):

Address (line 2):

Address (line 3):

Address (line 4):

Pages Enter the total number of pages of the attached conveyance document including any attachments. #

Trademark Application Number(s) or Registration Number(s) Mark if additional numbers attached
 Enter either the Trademark Application Number or the Registration Number (DO NOT ENTER BOTH numbers for the same property).

Trade Application Number(s)			Registration Number(s)		
<input type="text" value="75/153,297"/>	<input type="text" value="XXX"/>	<input type="text" value="XXX"/>	<input type="text" value="1,923,384"/>	<input type="text" value="XXX"/>	<input type="text" value="XXX"/>
<input type="text" value="75/153,294"/>	<input type="text" value="XXX"/>	<input type="text" value="XXX"/>	<input type="text" value="1,840,132"/>	<input type="text" value="XXX"/>	<input type="text" value="XXX"/>
<input type="text" value="XXX"/>	<input type="text" value="XXX"/>	<input type="text" value="XXX"/>	<input type="text" value="1,936,427"/>	<input type="text" value="XXX"/>	<input type="text" value="XXX"/>

Number of Properties Enter the total number of properties involved. #

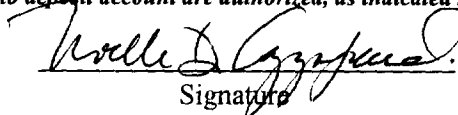
Fee Amount Fee Amount for Properties Listed (37 CFR 3.41): \$

Method of Payment: Enclosed Deposit Account

Deposit Account
(Enter for payment by deposit account or if additional fees can be charged to the account.)
 Deposit Account Number: #
 Authorization to charge additional fees: Yes No

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. Charges to deposit account are authorized, as indicated herein.

Noelle D. Azzopardi  9/21/98
 Name of Person Signing Signature Date Signed

A484527

**CERTIFICATE OF AMENDMENT
OF
ARTICLES OF INCORPORATION
OF
BUSLOGIC INC.**

ENDORSED-FILED
In the office of the Secretary of State
of the State of California

DEC 3 1996**BILL JONES, Secretary of State**

Alonzo Wilson and Colleen M. Gray certify that:

1. They are the Vice President and Secretary, respectively, of BusLogic Inc., a California corporation.
2. Articles I of the Articles of Incorporation is amended to read in full as follows:

" I : The name of this corporation is Mylex International, Inc."

3. The foregoing amendment of the Articles of Incorporation has been duly authorized by the board of directors.

4. The foregoing amendment to the Articles of Incorporation has been duly approved by the required vote of shareholders in accordance with Section 902 of the Corporations Code. The total number of outstanding shares of the common stock of the corporation is 10,104,275. There are no shares of the corporation's preferred stock outstanding. The number of shares voting in favor of the amendment equaled or exceeded the vote required. The percentage vote required was more than 50%.

I further declare under penalty of perjury under the laws of the State of California that the matters set forth in this Certificate are true and correct of my own knowledge.

Dated: November 15, 1996

A. A. Wilson

Alonzo Wilson
Vice President

Colleen M. Gray

Colleen M. Gray
Secretary