

RECC

07-12-1999



HEET

U.S. DEPARTMENT OF COMMERCE
Patent and Trademark Office

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Tab settings

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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):

ColourComp Corporation

- Individual(s)
- General Partnership
- Corporation-State Arizona
- Other

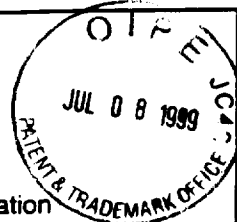
- Association
- Limited Partnership

Additional name(s) of conveying party(ies) attached? Yes No

Nature of conveyance:

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

Execution Date: September 30, 1998



2. Name and address of receiving party(ies)

Name: IKON Office Solutions, Inc.

Internal Address:

Street Address: 70 Valley Stream Parkway

City: Malvern State: PA ZIP: 19355

- Individual(s) citizenship
- Association
- General Partnership
- Limited Partnership
- Corporation-State Ohio
- Other

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)

Additional name(s) & address(es) attached? Yes No

Application number(s) or patent number(s):

A. Trademark Application No.(s)

B. Trademark Registration No.(s)

2041764
2008213
1873668
1851363

Additional numbers attached? Yes No

Name and address of party to whom correspondence concerning document should be mailed:

Name: Tracy A. Bacigalupo, Esquire

Internal Address: Ballard Spahr Andrews &

Ingersoll, LLP

Street Address: 300 East Lombard Street

Suite 1900

City: Baltimore State: MD ZIP: 21202

6. Total number of applications and registrations involved: 4

7. Total fee (37 CFR 3.41).....\$ 115.00

- Enclosed
- Authorized to be charged to deposit account

8. Deposit account number:

(Attach duplicate copy of this page if paying by deposit account)

07/12/1999 MTHAI1 00000001 2041764

DO NOT USE THIS SPACE

01 FC:481 40.00 DP
02 Statement and signature 75.00 DP

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.

Tracy A. Bacigalupo
Name of Person Signing

Tracy A. Bacigalupo June 29, 1999
Signature Date

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

Mail documents to be recorded with required cover sheet information to:
Commissioner of Patents & Trademarks, Box Assignments

TRADEMARK
REEL: 001925 FRAME: 0283



Prescribed by
 Bob Taft, Secretary of State
 10 East Broad Street, 14th Floor
 Columbus, Ohio 43268-0418
 Form MER (July 1994)

Approved _____
 Date _____
 Fee _____

CERTIFICATE OF MERGER

In accordance with the requirements of Ohio law, the undersigned corporations, limited liability companies and/or limited partnerships, desiring to effect a merger, set forth the following facts:

I. SURVIVING ENTITY

A. The name of the entity surviving the merger is:

IKON Office Solutions, Inc.

(If the surviving entity is an Ohio limited partnership or qualified foreign limited partnership, its registration number must be provided)

B. Name change: As a result of this merger, the name of the surviving entity has been changed to the following: _____

only if the name of surviving entity is changing through the merger

C. The surviving entity is a: (Please check the appropriate box and fill in the appropriate blanks)

- Domestic (Ohio) corporation
- Foreign (Non-Ohio) corporation incorporated under the laws of the state/ country of _____ and licensed to transact business in the state of Ohio.
- Foreign (Non-Ohio) corporation incorporated under the laws of the state/country of _____, and NOT licensed to transact business in the state of Ohio.
- Domestic (Ohio) limited liability company
- Foreign (Non-Ohio) limited liability company organized under the laws of the state/country of _____, and registered to do business in the state of Ohio.
- Foreign (Non-Ohio) limited liability company organized under the laws of state/country of _____, and NOT registered to do business in the state of Ohio.
- Domestic (Ohio) limited partnership, registration number _____

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SEP 30 1998
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SECRETARY OF STATE

- () Foreign (Non-Ohio) limited partnership organized under the laws of the state/country of _____, and registered to do business in the state of Ohio, under registration number _____
- () Foreign (Non-Ohio) limited partnership organized under the laws of the state/country of _____, and NOT registered to do business in the state of Ohio.

II. Merging Entities

The name, type of entity, and state/country of incorporation or organization, respectively, of each entity, other than the survivor, which is a party to the merger are as follows: *If beneficiaries have to name this form, please attach to separate sheet listing the surviving entities (Ohio registered or foreign qualified limited liability partnerships must include registration numbers)*

Name	State/Country of Organization	Type of Entity
Clark Acquisition Company, Inc.	TEXAS	Corporation
IKON Baza (US) Corporation	Delaware	Corporation
Deput Internacional S.A, Inc.	Florida	Corporation
Office World Trade, Inc.	Florida	Corporation
Thurston Acquisition Company, Inc.	California	Corporation
See attached Schedule A		

III. Merger Agreement on File

The name and mailing address of the person or entity from whom/which eligible persons may obtain a copy of the agreement of merger upon written request:

Name	Address
IKON Office Solutions, Inc.	825 Dupontall Road/Chessterbrook (street and number) Wayne, PA 19087 (city, village or township) (state) (zip code)

IV. Effective Date of Merger

This merger is to be effective:

on September 30, 1998 (if a date is specified, the date must be a date on or after the date of filing; the effective date of the merger cannot be earlier than the date of filing; if no date is specified, the date of filing will be the effective date of the merger).

SCHEDULE A

NAME	STATE/COUNTRY OF ORGANIZATION	TYPE OF ENTITY
Alco Standard Acquisition Capital Company	Delaware	Corporation
ColourComp Corporation	Arizona	Corporation

IX. Qualification or Licensure of Foreign Surviving Entity

A. The listed surviving foreign corporation, limited liability company, or limited partnership desires to transact business in Ohio as a foreign corporation, foreign limited liability company, or foreign limited partnership, and hereby appoints the following as its statutory agent upon whom process, notice or demand against the entity may be served in the State of Ohio. The name and complete address of the statutory agent is:

_____ (name) _____ (street and number)

_____, Ohio _____ (city, village or township) _____ (zip code)

The subject surviving foreign corporation, limited liability company or limited partnership irrevocably consents to service of process on the statutory agent listed above as long as the authority of the agent continues, and to service of process upon the Secretary of State if the agent cannot be found, if the corporation, limited liability company or limited partnership fails to designate another agent when required to do so, or if the corporation's, limited liability company's, or limited partnership's license or registration to do business in Ohio expires or is cancelled.

B. The qualifying entity also states as follows: (complete only if applicable)

1. Foreign Qualifying Limited Liability Company
(If the qualifying entity is a foreign limited liability company, the following information must be completed)

a. The name of the limited liability company in its state of organization/registration is _____

b. The name under which the limited liability company desires to transact business in Ohio is _____

c. The limited liability company was organized or registered on _____ under the laws of the state/country of _____ by _____ year _____

d. The address to which interested persons may direct request for copies of the articles of organization, operating agreement, bylaws, or other charter documents of the company is: _____

2. Foreign Qualifying Limited Partnership
(if the qualifying entity is a foreign limited partnership, the following information must be completed)

- a. The name of limited partnership is _____

- b. The limited partnership was formed on _____
under the laws of the state/country of _____
- c. The address of the office of the limited partnership in its state/country of organization is _____

- d. The limited partnership's principal office address is _____

- e. The names and business or residence addresses of the GENERAL partners of the partnership are as follows:

Name	Address
_____	_____
_____	_____
_____	_____

(If insufficient space to cover this item, please attach a separate sheet listing the general partners and their respective addresses)

- f. The address of the office where a list of the names and business or residence addresses of the limited partners and their respective capital contributions is to be maintained is:

The limited partnership hereby certifies that it shall maintain said records until the registration of the limited partnership in Ohio is cancelled or withdrawn.

The undersigned constituent entities have caused this certificate of merger to be signed by its duly authorized officers, partners and representatives on the date(s) stated below.

IKON Office Solutions, Inc.
exact name of entity

By: Dominic Henry
Its: Secretary

Date: 9/21/98

Clark Acquisition Company, Inc.
exact name of entity

By: Dominic Henry
Its: Secretary

Date: 9/21/98

IKON Baja (US) Corporation
exact name of entity

By: Dominic Henry
Its: Secretary

Date: 9/21/98

Depot Internacional S A, Inc
exact name of entity

By: Dominic Henry
Its: Secretary

Date: 9/21/98

Office World Trade, Inc
exact name of entity

By: Dominic Henry
Its: Secretary

Date: 9/21/98

Thurston Acquisition Company, Inc
exact name of entity

By: Dominic Henry
Its: Secretary

Date: 9/21/98

Alco Standard Acquisition
Capital Company, Inc
exact name of entity

By: Barbara H. Moyes
Its: Secretary

Date: 9-21-98

ColourComp Corporation
exact name of entity

By: Dominic Henry
Its: Secretary

Date: 9/21/98

exact name of entity

By: _____
Its: _____

Date: _____

exact name of entity

By: _____
Its: _____

Date: _____

(Please note that the signatures of the board, the president, vice president, secretary or an authorized partner must not be in behalf of such constituent corporations, and a local one general partner must not be in behalf of such constituent limited partnerships. If modifications were for signatures, a separate sheet should be attached containing such modifications)

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230707

UNITED STATES OF AMERICA,
STATE OF OHIO,
OFFICE OF THE SECRETARY OF STATE

I, J. Kenneth Blackwell, Secretary of State of the State of Ohio, do hereby certify that the foregoing is a true and correct copy, consisting of 7 pages, as taken from the original record now in my official custody as Secretary of State.

WITNESS my hand and official seal at Columbus, Ohio, this 24th day of June A.D. 1999



J. Kenneth Blackwell
J. KENNETH BLACKWELL
Secretary of State

By: D. Anderson

NOTICE: This is an official certification only when reproduced in red ink