

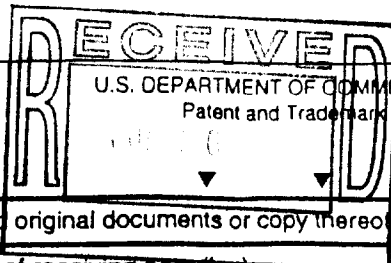
07-28-1999



101101634

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

RECORDATION FORM COVER SHEET  
TRADEMARKS ONLY



1. Name of conveying party(ies):

CU Services Corp.

MND  
7-26-99

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

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

2. Name and address of receiving party(ies):

Name: XP Systems Corporation

Internal Address: Suite 300

Street Address: 7900 Glenroy Road

City: Bloomington State: MN ZIP: 55439

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

3. Nature of conveyance:

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

Re-record to correct conveying party name and execution date previous

Execution Date: recorded at Reel 1525 Frame 8/16/95 0574

4. Application number(s) or registration number(s):

A. Trademark Application No.(s)

B. Trademark registration No.(s)

1,091,114  
1,172,993

Additional numbers attached?  Yes  No

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

Name: Barbara A. Leininger

Internal Address: Leininger & Associates

Street Address: 1710 E. Old Shakopee Road

City: Bloomington State: MN ZIP: 55425

6. Total number of applications and registrations involved: 2

7. Total fee (37 CFR 3.41): \$ 65.00

- Enclosed
- Authorized to be charged to deposit account

8. Deposit account number:

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

07/27/1999 DNGUYEN 00000294 1091114

DO NOT USE THIS SPACE

01 FC:481 40.00 OP  
02 FC:482 25.00 OP

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.

Barbara A. Leininger  
Name of Person Signing

X

Signature

Date

Total number of pages comprising cover sheet: TRADEMARK REEL: 001935 FRAME: 0324

11-27-1996



Tab settings

To the Honorable Commissioner of Patents and Trademarks 100314027 original documents or copy thereof.

MEP 8-23-96

1. Name of conveying party(ies):  
XP SYSTEMS CORPORATION

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

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

3. Nature of conveyance:

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

Execution Date: 8-16-96

2. Name and address of receiving party(ies)

Name: XP SYSTEMS CORPORATION

Internal Address:

Street Address: 7803 Glenroy Road #300

City: Bloomington State: MN ZIP: 55439

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

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

A. Trademark Application No.(s)

B. Trademark Registration No.(s)

1091114

1172993

Additional numbers attached?  Yes  No

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

Name: Tricia Buckman

Internal Address: Leininger & Associates  
1820 E. Old Shakopee Road

Street Address: 1820 E. Old Shakopee Road

City: Bloomington State: MN ZIP: 55425

6. Total number of applications and registrations involved: 2

7. Total fee (37 CFR 3.41).....\$ 50.00

- Enclosed
- Authorized to be charged to deposit account

8. Deposit account number:

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

DO NOT USE THIS SPACE

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.

Tricia Buckman  
Name of Person Signing

Tricia Buckman  
Signature

5/15/96  
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  
Washington, D.C. 20231

TRADEMARK  
REEL: 001935 FRAME: 0325

State of Minnesota

**SECRETARY OF STATE**

Certificate of Name Change

I, Joan Anderson Growe, Secretary of State of Minnesota, do certify that the corporation listed below filed an amendment of its articles of incorporation, or, in the case of a non-Minnesota corporation, a certificate of name change, changing its name with this office on the date listed below, and that the corporation has complied with the relevant laws of Minnesota with respect to that filing.

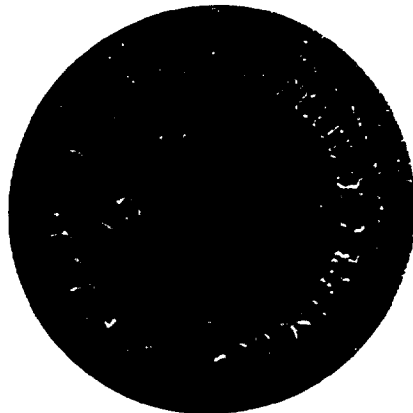
Old Name: C U Services Corp.

New Name: XP Systems Corporation

State of Incorporation: MN

Date Amendment filed: 08/16/1995

This certificate has been issued on 09/28/95.



*Joan Anderson Growe*  
Secretary of State.