FORM PTO-1618A Expires 06/30/99 OMB 0651-0027 05-02-2000



101340553

| RECORDATION FORM COVER SHEET  |   |  |  |
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| TRADEMARKS ONLY   |   |  |  |
| TO: The Commissioner of Patents and Trademarks: Please record the attached original document(s) or copy(ies).   |   |  |  |
| Submission Type   | Conveyance Type   |  |  |
| X New   | Assignment License  |  |  |
| Resubmission (Non-Recordation) Document ID #  | Security Agreement Nunc Pro Tunc Assignment  Effective Date Morror Month Day Year   |  |  |
| Correction of PTO Error Reel # Frame #  | interger  |  |  |
| Corrective Document   | Change of Name  |  |  |
| Reel # Frame #  | Other   |  |  |
| Conveying Party   | Mark if additional names of conveying parties attached Execution Date  Month Day Year   |  |  |
| Name CUSTOMER DEVELOPMENT CORPORATION 05 21 1999  |   |  |  |
| Formerly  |   |  |  |
| Individual General Partnership Limited Partnership X Corporation Association  |   |  |  |
| Other   |   |  |  |
| X Citizenship/State of Incorporation/Organization ILLINOIS  |   |  |  |
| F   |   |  |  |
| Receiving Party   | Mark if additional names of receiving parties attached  |  |  |
|   | 7   |  |  |
| Receiving Party   | 7   |  |  |
| Receiving Party  Name CHOICEPOINT DIRECT, INC.  | 7   |  |  |
| Receiving Party  Name CHOICEPOINT DIRECT, INC.  DBA/AKA/TA  | 7   |  |  |
| Receiving Party  Name CHOICEPOINT DIRECT, INC.  DBA/AKA/TA  Composed of   | 7   |  |  |
| Receiving Party  Name CHOICEPOINT DIRECT, INC.  DBA/AKA/TA  Composed of  Address (line 1) 1909 EAST CORNELL  Address (line 2) PEORIA  | Mark if additional names of receiving parties attached  IL 61615  |  |  |
| Receiving Party  Name CHOICEPOINT DIRECT, INC.  DBA/AKA/TA  Composed of  Address (line 1) 1909 EAST CORNELL  Address (line 2)   | Mark if additional names of receiving parties attached  IL 61615  State/Country If document to be recorded is an  |  |  |
| Receiving Party  Name CHOICEPOINT DIRECT, INC.  DBA/AKA/TA  Composed of  Address (line 1) 1909 EAST CORNELL  Address (line 2) PEORIA  City  | Mark if additional names of receiving parties attached  IL 61615  State/Country Zip Code  |  |  |
| Receiving Party  Name CHOICEPOINT DIRECT, INC.  DBA/AKA/TA  Composed of  Address (line 1) 1909 EAST CORNELL  Address (line 2)  Address (line 3) PEORIA  City  Individual General Partnership  | Mark if additional names of receiving parties attached  IL 61615  State/Country 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                            |  |  |
| Receiving Party  Name CHOICEPOINT DIRECT, INC.  DBA/AKA/TA  Composed of  Address (line 1) 1909 EAST CORNELL  Address (line 2)  Address (line 3) PEORIA  City  Individual General Partnership  X Corporation Association  Other  X Citizenship/State of Incorporation/Organiza | Mark if additional names of receiving parties attached  IL 61615  State/Country 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.) |  |  |
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Mail documents to be recorded with required cover sheet(s) information to: Commissioner of Patents and Trademarks, Box Assignments , Washington, D.C. 20231

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| FORM PTO-16<br>Expires 06/30/99<br>OMB 0651-0027   |  | S. Department of Commerce<br>Itent and Trademark Office<br>TRADEMARK |  |
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| Address (line 2)   |  |  |  |
| Address (line 3)   |  |  |  |
| Address (line 4)   |  |  |  |
| Correspondent Name and Address Area Code and Telephone Number (404) 815-2354   |  |  |  |
| Name   | KRISTIN L. BURNS   |  |  |
| Address (line 1)   | PAUL, HASTINGS, JANOFSKY & WALKER LLP                    |  |  |
| Address (line 2) 600 PEACHTREE STREET, NE, SUITE 2400  |  |  |  |
| Address (line 3)   | ATLANTA, GA 30308  |  |  |
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| 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  | mark Application Number(s)  Registration Numbe           | r(s)   |  |
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| Fee Amount   | Fee Amount for Properties Listed (37 CFR 3.41): \$ 65.00 |  |  |
| Method of Payment: Enclosed X Deposit Account Deposit Account  |  |  |  |
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| 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. |  |  |  |
| Kristin I  | Burns Kantin L. Brus 1                                   | 4/13/00  |  |
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## To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that

In Testimony Whereof, I, hereto set

my hand and cause to be affixed the Great Seal of the State of Illinois, this \_\_\_\_\_\_\_

day of \_\_\_\_\_ FEBRUARY A.D. \_\_\_\_\_2000 .

Desse White

SECRETARY OF STATE

C-260.1

RECORDED: 04/13/2000

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