

05-23-2000



101364797

RECORDATION FORM COVER SHEET TRADEMARKS ONLY

MKD 5.8.00

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

Submission Type

- New
- Resubmission (Non-Recordation)
Document ID #
- Correction of PTO Error
Reel # Frame #
- Corrective Document
Reel # Frame #

Conveyance Type

- Assignment License
- Security Agreement Nunc Pro Tunc Assignment
Effective Date
Month Day Year
- Merger
- Change of Name
- Other

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 Corporation Association
- Other

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.)

Citizenship/State of Incorporation/Organization

05/22/2000 JSHADAZZ 00000177 751618416

FOR OFFICE USE ONLY

01 FC:481

40.00 DP

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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

TRADEMARK

REEL: 002078 FRAME: 0359

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

651-291-8955

Name

Esther E. McGinnis

Address (line 1)

Peterson, Fram & Bergman

Address (line 2)

50 East Fifth Street

Address (line 3)

Suite 300

Address (line 4)

St. Paul, MN 55101

Pages

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

#

3

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).

Trademark Application Number(s)

Registration Number(s)

751618416

Number of Properties

Enter the total number of properties involved.

#

1

Fee Amount

Fee Amount for Properties Listed (37 CFR 3.41):

\$

40.00

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.

Esther E. McGinnis

Esther E. McGinnis

05/03/00

Name of Person Signing

Signature

Date Signed



National Credit Union Administration
REGION V
CHARTER NUMBER: 24362

CERTIFICATE OF NAME CHANGE

I, the undersigned, certify that in accordance with the prescribed procedures of the National Credit Union Administration, the name of the

State Capitol Federal Credit Union

was changed to

Affinity Plus Federal Credit Union

The amendment of the charter changing the name of the credit union was approved on

February 22, 1999

J. Leonard Skiles
Regional Director
National Credit Union Administration

(NOTE: This certificate may be used to support the changing of the name of the credit union with the bank, the surety company, on investment certificates owned by the credit union, etc.)