

Med 9-18-00

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COMMERCE mark Office

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Tab settings

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To the Honorable Commissioner of Patents and Trademarks: Please record the

1. Name of conveying party(ies):

TransAmerica Benefit Services, LLC

- Individual(s), Association, General Partnership, Limited Partnership, Corporation-State, Other limited-liability company

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

2. Name and address of receiving party(ies)

Name: TransAmerica Benefit Service, LLC

Internal Address: 6864 Engle Road

Street Address:

City: Cleveland State: Ohio ZIP: 44130

- Individual(s) citizenship, Association, General Partnership, Limited Partnership, Corporation-State, Other limited-liability company

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

Execution Date: July 13, 2000

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

A. Trademark Application No.(s)

75/576,478

B. Trademark Registration No.(s)



09-18-2000

U.S. Patent & TMO/fo/TM Mail Ropt Dt. #10

Additional numbers attached? Yes No

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

Name: Joseph J. Corso

Internal Address: Pearne & Gordon LLP

526 Superior Avenue East, Suite 1200

Street Address:

City: Cleveland State: Ohio ZIP: 44114-1484

6. Total number of applications and registrations involved: 1

7. Total fee (37 CFR 3.41) \$ 40.00

- Enclosed, Authorized to be charged to deposit account

8. Deposit account number:

16-0820

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

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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.

Joseph J. Corso Name of Person Signing

Signature

September 14, 2000

2 Date

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



Prescribed by **J. Kenneth Blackwell**

Please obtain fee amount and mailing instructions from the Forms Inventory List (using the 3 digit form # located at the bottom of this form). To obtain the Forms Inventory List or for assistance, please

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Central Ohio: (614)-466-3910 Toll Free: 1-877-SOS-FILE (1-877-767-3453)

Expedite this form Yes

CERTIFICATE OF AMENDMENT TO ARTICLES OF ORGANIZATION OF A LIMITED LIABILITY COMPANY

The undersigned, being a member, manager or authorized representative of TransAmerica Benefit Services, LLC

(name of limited liability company)

1035015

(Registration Number)

, an Ohio limited liability company, organized on

October 1, 1998

(date)

, does hereby certify that the

undersigned is duly authorized to execute this certificate, and hereby certifies that the Articles of Organization of the above named limited liability company have been amended as follows:

AMENDMENT

Article(s) FIRST

is/are hereby amended as follows:

The existing Article FIRST shall be replaced with a new Article FIRST which shall read, in its entirety, as follows:

"FIRST: The name of said limited liability company is TransAmerica Benefit Service, LLC."

(if insufficient space for amendment, please attach a separate sheet)

IN WITNESS WHEREOF, the undersigned has executed this certificate on

07/13/2000

(date)

TRANSAMERICA BENEFIT SERVICES, LLC

(name of limited liability company)

By: *David L. Gu...*

Its: Duly Authorized Member, Manager or Representative

[Ohio Revised Code Section 1705.08(C)(1)]