

11-02-2000

FORM PTO-1594
1-31-92

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U.S. DEPARTMENT OF COMMERCE
Patent and Trademark Office

Tab settings → → → ▼

101503140

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

1. Name of conveying party(ies):

Blue Cross and Blue Shield of Western
New York, Inc.

10-16-00

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

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

3. Nature of conveyance:

- Assignment
- Security Agreement
- Other Certificate of Amendment of the Certificate of Incorporation
- Merger
- Change of Name

Execution Date: March 29, 1996

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

Name: New York Care Plus Insurance Co., Inc.

Internal Address: _____

Street Address: 1901 Main Street

City: Buffalo State: NY ZIP: 14240

- Individual(s) citizenship _____
- Association _____
- General Partnership _____
- Limited Partnership _____
- Corporation-State NY
- 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 registration number(s):

A. Trademark Application No.(s)

B. Trademark registration No.(s)

1,859,287

Additional numbers attached? Yes No

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

Name: Phillips, Lytle, Hitchcock, Blaine & Huber LLP

Internal Address: Intellectual Property Group

Street Address: 3400 HSBC Center

City: Buffalo State: NY ZIP: 14203

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:

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

11/01/2000 AMWED1 00000210 1859287

DO NOT USE THIS SPACE

40.00 OP

01 FC:481

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.

Rowland Richards, Reg. No. 42,104

Name of Person Signing

Rowland Richards
Signature

October 13, 2000

Date

Total number of pages comprising cover sheet: 1

REEL: 002165 FRAME: 0279

F960502000348

CERTIFICATE OF AMENDMENT OF THE
CERTIFICATE OF INCORPORATION
OF

BLUE CROSS AND BLUE SHIELD OF WESTERN NEW YORK, INC.
under Section 803 of the Not-for-Profit Corporation Law.

1. The name of the Corporation is Blue Cross and Blue Shield of Western New York, Inc.
2. The Corporation was formed by consolidation on May 24, 1978 under the name Blue Shield of Western New York, Inc.
3. The Corporation is a corporation as defined in subparagraph (a)(5) of Section 102 of the Not-for-Profit Corporation Law.
4. The Corporation is a Type B corporation under Section 201 of the Not-for-Profit Corporation Law and shall continue to be a Type B corporation.
5. The Certificate of Incorporation, as now in full force and effect, is hereby amended to effect the following change as authorized by Section 801 of the Not-for-Profit Corporation Law:

(a) To change the name of the Corporation from Blue Cross and Blue Shield of Western New York, Inc. to New York Care Plus Insurance Co., Inc. The paragraph designated "1" in the Certificate of Incorporation is hereby amended to read in its entirety as follows:

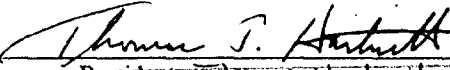
"The name of the Corporation is New York Care Plus Insurance Co., Inc."

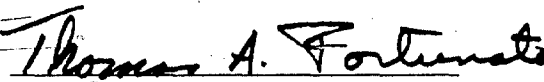
6. This Amendment to the Certificate of Incorporation was authorized by the affirmative vote of a majority of all Members of the Corporation entitled to vote thereon at a meeting of the Members.
7. The Secretary of State of the State of New York is hereby designated as the agent of the Corporation upon whom process in any action or proceeding against it may be served and the address to which the Secretary of State shall mail a copy of process in any action or proceeding against the Corporation which may be served upon him is:

New York Care Plus Insurance Co., Inc.
1901 Main Street
Buffalo, New York 14208

8. All consents and approvals required by law before this Certificate may be filed are endorsed upon or annexed to this Certificate.

IN WITNESS WHEREOF, we have signed this Certificate of Amendment this 29th day of March, 1996 and hereby affirm the truth of the statements contained herein under penalty of perjury.


President - Thomas Hartnett


Secretary
Thomas Fortunato

0039383.01

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STATE OF NEW YORK
INSURANCE DEPARTMENT
AGENCY BUILDING ONE
EMPIRE STATE PLAZA
ALBANY, NEW YORK 12257

GEORGE E. PATAKI
Governor

EDWARD J. MUHL
Superintendent of Insurance

December 28, 1995

Christopher C. Booth, Esq.
Hinman, Straub, Pigors & Manning, P.C.
121 State Street
Albany, NY 12207-1693

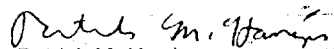
Re: New York Care Plus Insurance Co., Inc.
Approval of Name

Dear Mr. Booth:

This is to advise you that the name New York Care Plus Insurance Co., Inc. has been approved for use in New York and will be reserved for the use of Blue Cross and Blue Shield of Western New York, Inc. for a period of six months from the date of this letter.

This will acknowledge receipt of your firm's check for \$25.00 in payment of the name processing fee in this matter.

Very truly yours,


Patrick M. Harrigan
Senior Attorney
Office of General Counsel
Albany Office

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State of New York
Department of Health
Corning Tower, Empire State Plaza
Albany, New York 12237

BARBARA A. DEBUONO, M.D., M.P.H.
Commissioner

Phone: (518) 474-2011
Fax: (518) 474-5450

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CONSENT
TO FILING A CERTIFICATE OF INCORPORATION
BY THE
COMMISSIONER

I, BARBARA A. DEBUONO, M.D., M.P.H., Commissioner of Health of the State of New York, do this 25 day of April, 1996, consent to the filing with the Secretary of State of the Certificate of Amendment of the Certificate of Incorporation of Blue Cross and Blue Shield of Western New York, Inc. as executed on the 29th day of March, 1996, pursuant to Sections 404(c), 803(a) and 804(a)(i) of the Not-for-Profit Corporation Law.

Barbara A. Debuono

BARBARA A. DEBUONO, M.D., M.P.H.
Commissioner of Health

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N. Y. ST. DEPARTMENT OF STATE
DIVISION OF CORPORATIONS AND STATE RECORDS

162 WASHINGTON AVENUE
ALBANY, NY 12231

FILING RECEIPT

ENTITY NAME: NEW YORK CARE PLUS INSURANCE CO., INC.

DOCUMENT TYPE: NAME RESERVATION (NEW) (DOM. BUSINESS)

SERVICE COMPANY: ESC NETWORKS/PRENTICE HALL

SERVICE CODE: 45

APPLICANT NAME: SUSAN HARLUS, LEGAL ASSISTANT

FILED: 04/02/1996 DURATION: 06/03/1996 CASH #: 960402000217 FILM #: 960402000210

ADDRESS FOR PROCESS:

RECEIVED AGENT:



** CHECK RECEIPT WHEN FILING CERTIFICATE **

FILED	FEES	45.00	PAYMENTS	45.00
SUSAN HARLUS, LEGAL ASSISTANT, JAECKLE	FILING	20.00	CASH	0.00
121 FULTON ST. 4TH FL. BANK BLDG 8 FLR	TAX	0.00	CHECK	0.00
ALBANY, NY 12202	CERT	0.00	BILLED	45.00
	COPIES	0.00		
	HANDLING	25.00	REFUND	0.00

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MAY 31 1996

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CERTIFICATE OF AMENDMENT OF THE
CERTIFICATE OF INCORPORATION
OF
BLUE CROSS AND BLUE SHIELD OF WESTERN NEW YORK, INC.
under Section 803 of the Not-for-Profit Corporation Law.

HINMAN, STRAUB, PIGORS & MANNING, P.C.
121 STATE STREET
ALBANY, NEW YORK 12207

3cc
STATE OF NEW YORK
DEPARTMENT OF STATE
FILED MAY 02 1996
TAX \$ _____
BY: MMR
Snice

960502000 369

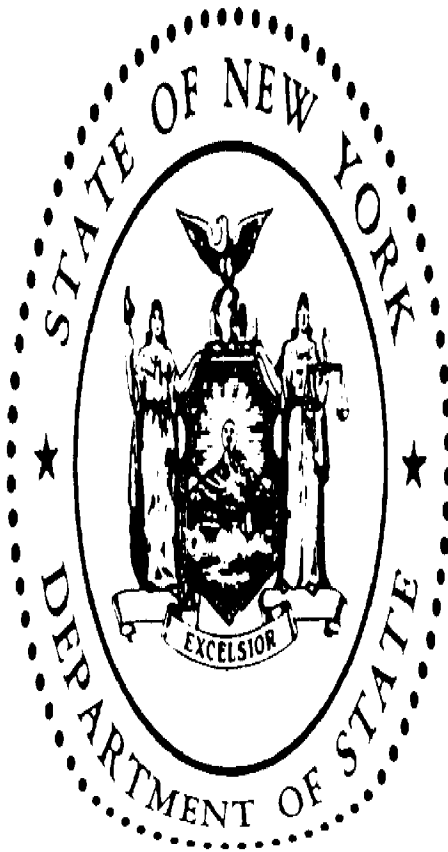
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State of New York }
Department of State } ^{SS:}

I hereby certify that the annexed copy has been compared with the original document in the custody of the Secretary of State and that the same is a true copy of said original.

Witness my hand and seal of the Department of State on

OCT 05 2000



A handwritten signature in black ink, appearing to read "J. Kleib", with a long horizontal flourish extending to the right.

Special Deputy Secretary of State