

09-10-2001



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Form PTO-1594 (Rev. 03/01) OMB No. 0651-0027 (exp. 5/31/2002) Tab settings

RE: 1

U.S. DEPARTMENT OF COMMERCE U.S. Patent and Trademark Office

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

1. Name of conveying party(ies): ADP Integrated Medical Solutions, Inc. 09/04/01
Individual(s) Association General Partnership Limited Partnership
[X] Corporation-State Delaware
Other
Additional name(s) of conveying party(ies) attached? Yes No

2. Name and address of receiving party(ies) Name: Automatic Data Processing, Internal Inc. Address: Street Address: One ADP Boulevard City: Roseland State: NJ Zip: 07068
Individual(s) citizenship Association General Partnership Limited Partnership
[X] Corporation-State Delaware
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:
[X] Assignment Merger
Security Agreement Change of Name
Other
Execution Date:

4. Application number(s) or registration number(s):
A. Trademark Application No.(s) N/A
B. Trademark Registration No.(s) 1,915,349
Mark: QRS
Additional number(s) attached Yes No

6. Total number of applications and registrations involved: 1

5. Name and address of party to whom correspondence concerning document should be mailed:
Name: Christine L. Kopitzke
Internal Address: McCutchen, Doyle, Brown and Enersen LLP
Street Address: Three Embarcadero Center Suite 1800
San Francisco CA 94111
City: State: Zip:

7. Total fee (37 CFR 3.41): \$ 40.00
[X] Enclosed
Authorized to be charged to deposit account
8. Deposit account number: 50-0664
(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.
Tina Salem Name of Person Signing
Signature Date 8-27-2001

Total number of pages including cover sheet, attachments, and document: 2

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Mail documents to be recorded with required cover sheet information to: Commissioner of Patent & Trademarks, Box Assignments Washington, D.C. 20231

TRADEMARK REEL: 002363 FRAME: 0874

TRADEMARK ASSIGNMENT

WHEREAS, ADP Integrated Medical Solutions, Inc., a Delaware corporation, with offices at 401 N. Washington Street, Suite 400, Rockville, Maryland 20850 ("Assignor") is using and owns all right, title, and interest in and to the service mark QRS, Registration No. 1,915,349 in the United States Patent and Trademark Office, dated August 29, 1995 ("the Mark"); and

WHEREAS, Automatic Data Processing, Inc., a Delaware corporation, with offices at One ADP Boulevard, Roseland, New Jersey 07068 ("Assignee"), desires to acquire the Mark and the goodwill of the business symbolized by the Mark;

NOW, THEREFORE, for good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, Assignor hereby assigns to Assignee all of Assignor's right, title, and interest in and to the Mark, including all common law rights, in the United States and in all other countries and jurisdictions of the world, together with the registration of the Mark set forth above and the goodwill of the business symbolized by the Mark. Upon Assignee's request, Assignor agrees that it will, without demanding further consideration therefor and at Assignee's cost, perform all reasonable, lawful, and just acts that may be necessary for carrying out this Assignment in full.

Signed this 27 day of August, 2001

ADP INTEGRATED MEDICAL SOLUTIONS, INC.

By: Brendan Malley
Name: Brendan Malley
Title: Senior Vice President and General Manager

State of Maryland,
County of Montgomery

On August 27, 2001 before me, ANDREA MCHENRY, personally appeared Brendan Malley, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

Witness my hand and official seal.

Andrea Curtis McHenry
Notary Public
State of Maryland

My Commission Expires August 1, 2002

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