

RECORDATION FORM COVER SHEET  
TRADEMARKS ONLY

03-20-2002

(Rev. 03/01)

OMB No. 0651-0027 (exp. 5/31/2002)

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OFFICE OF PUBLIC RECORDS



102023869

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

1. Name of Conveying party(ies): **FINANCE SECTION**  
 National Computer Systems, Inc.  
**2-27-02**

Individual(s)       Association  
 General Partnership     Limited Partnership  
 Corporation-State (Minnesota)  
 Other \_\_\_\_\_

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

2. Name and address of receiving party(ies)  
 Name: NCS Pearson, Inc.  
 Internal  
 Address: \_\_\_\_\_

Street Address: 11000 Prairie Lakes Drive  
 City: Eden Prairie State: MN Zip: 55344

Individual(s) citizenship \_\_\_\_\_  
 Association \_\_\_\_\_  
 General Partnership \_\_\_\_\_  
 Limited Partnership \_\_\_\_\_  
 Corporation-State Minnesota  
 Other \_\_\_\_\_

3. Nature of conveyance:

Assignment                                       Merger  
 Security Agreement                               Change of Name  
 Other \_\_\_\_\_

Execution Date: November 1, 2000

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)  
1,677,440

Additional number(s) attached  Yes  No

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

Name: Nancy K. Pond

Internal Address: NCS Pearson, Inc.

Street Address: 11000 Prairie Lakes Drive

City: Eden Prairie State: MN Zip: 55344

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)

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.*

Nancy K. Pond                                      Nancy K. Pond                                      February 12, 2002  
 Name of Person Signing                                      Signature                                      Date

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

03/19/2002 DBYRNE 00000104 1677440  
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Mail documents to be recorded with required cover sheet information to:  
 Commissioner of Patent and Trademarks, Box Assignments  
 Washington, D.C. 20231



1B-519

MINNESOTA SECRETARY OF STATE

AMENDMENT OF ARTICLES OF INCORPORATION

READ INSTRUCTIONS LISTED BELOW, BEFORE COMPLETING THIS FORM.

- 1. Type or print in black ink.
- 2. There is a \$35.00 fee payable to the Secretary of State for filing this "Amendment of Articles of Incorporation".
- 3. Return Completed Amendment Form and Fee to the address listed on the bottom of the form.

CORPORATE NAME: (List the name of the company prior to any desired name change)

NATIONAL COMPUTER SYSTEMS, INC.

This amendment is effective on the day it is filed with the Secretary of State, unless you indicate another date, no later than 30 days after filing with the Secretary of State.

Effective: November 1, 2000

The following amendment(s) to articles regulating the above corporation were adopted: (Insert full text of newly amended article(s) indicating which article(s) is (are) being amended or added.) If the full text of the amendment will not fit in the space provided, attach additional numbered pages. (Total number of pages including this form 1.)

ARTICLE I.

Article I. of the Articles of Incorporation is amended in its entirety as follows:

The name of this corporation is NCS Pearson, Inc. (the "Company").

This amendment has been approved pursuant to Minnesota Statutes chapter 302A or 317A. I certify that I am authorized to execute this amendment and I further certify that I understand that by signing this amendment, I am subject to the penalties of perjury as set forth in section 609.48 as if I had signed this amendment under oath.

J.W. Fenton Jr. (Signature of Authorized Person)

Name and telephone number of contact person: J.W. Fenton, Jr. (952) 829-3040 Please print legibly

All of the information on this form is public and required in order to process this filing. Failure to provide the requested information will prevent the Office from approving or further processing this filing.

If you have any questions please contact the Secretary of State's office at (651)296-2803.

RETURN TO: Secretary of State 180 State Office Bldg., 100 Constitution Ave. St. Paul, MN 55155-1299, (651)296-2803

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STATE OF MINNESOTA DEPARTMENT OF STATE FILED

OCT 24 2000

Mary Kiffmeyer Secretary of State

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RECORDED: 02/27/2002

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