Form PTO-1594 (Rev. 6-93) OMB No. 0651-0011 (exp. 4/94) 04-19-2002

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SHEET Y.

U.S. DEPARTMENT OF COMMERCE Patent and Trademark Office

To the Director of the United States Patent and Trademark 162	the attached original documents or copy thereof.
Name of conveying party(ies):	Name and address of receiving party(ies)
HICOR USA CORPORATION 4-11-02	Name: BCE EMERGIS SYSTEMS, INC.
Individual(s) Association General Partnership Limited Partnership X Corporation-State (Michigan) Other Additional name(s) of conveying party(ies) attached? YesX No	Internal Address: Street Address: 17197 North Laurel Park Drive City: Livonia State: MI ZIP: 48152 Individual(s) citizenship Association General Partnership Limited Partnership X Corporation-State Michigan Other If assignee is not domiciled in the United States, a domestic representative designation attached: Yes No (Designations must be a separate document from assignment) Additional name(s) & address(es) attached? Yes No: 1
3. Nature of conveyance: Assignment Merger Security Agreement Change of Name Other Execution Date: February 21, 2001	
	B. Trademark Registration No.(s) 1,682,721 ned? YesX _ No 6. Total number of applications and
Name and address of party to whom correspondence concerning document should be mailed: Name: Elizabeth F. Janda, Esq.	registrations involved:1
Name: Elizabeth F. Janda, Esq. Internal Address: Brooks & Kushman P.C.	7. Total fee (37 CFR 3.41) \$\frac{40.00}{\text{Authorized to be charged to Deposit Account}}
Street Address:	8. Deposit Account number: (Attach duplicate copy of this page if paying by deposit account)
01.9	SE THIS SPACE
9. Statement and signature. To the best of my knowledge and belief, the foregoing information document. (In this content is a signature in the foregoing information document.)	is true and correct and any attached copy is a true copy of the original

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MI	CHIGAN DEL ATMENT OF CONSUMER BUREAU OF COMMERCIA	R AND IN JSTRY SERVICES
Date Received		EAU USE ONLY)
	This desument is effective on the date filed, unless : subsequent effective date within 80 days efter receil date is stated in the document.	a vad
Couzens, Lansky,	Holdridge at Fealk, Ellie, Rosder & Lezer, P.C.	
cky Farmington Hills,	tive Mile Road, Suite 200 State Be Code Michigan 48331	ECTIVE DATE:
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CERTIFIC	ATE OF AMENDMENT TO THE AI For use by Domestic Profit and None (Please read information and instruction)	profit Corporations
Pursuent to 1 982 (nanprofit corp		(profit comprations), or Act 162 Public Acts
1. The present	t name of the corporation is: Hicor USA Corpor	etlen
2. The identific	cation number sesigned by the Bureau is:	069 259
3. Article	of the Articles of Incorporation is hereby	amanded to read as follows:
The name of ti	he corporation is BCE Emergic Systems, inc.	
		•

03/09/01 PRI 09:03 [TX/RX NO 5513]

TRADEMARK REEL: 002486 FRAME: 0961

COMPLETE ONLY ONE OF THE TOLLOWING:		
4. (For amendments edopted by unanimous consent of incorporators before the first meeting of the beard of directors or trustees.)		
The foregoing amendment to the Articles of Incorporat	ion were duly adopted on the day of	
2001, In accordance with the provisions of the Act by first meeting of the Board of Directors or Trustees.	the unanimous consent of the incorporatoris) before the	
Signed this day of	2001	
(Signature)	(Signeture)	
(Type or Print Neme)	(Type or Print Name)	
(Signeture)	(Signatura)	
(Type or Print Name)	[Type or Print Name)	
required by statute in accordance with Section Section 407(1) of the Act if a profit corporation. consented in writing has been given. (Note: members is permitted only if such provision app	mbers having not less than the minimum number of votes 407(1) and (2) of the Act if a nonprofit corporation, or Written notice to shareholders or members who have not Written consent by less than all of the shareholders or lears in the Articles of Incorporation.)	
of the Act if a nonprofit corporation, or section		
by the board of a profit corporation pursuant to		
Profit Corporations	Nonprofit Corporations	
Signed this 21st day of February 2001	Signed this day of, 2001	
By(Signature of an authorized officer or agent)	(Signature of Practions, Vice-President, Chalmerson or Vice-Onsignation)	
Monique Mercier, Secretary (Type or Print Name and Title)	(Type or Print Name and Title)	

03/09/01 PRI 08:03 [TX/RX NO 5515]

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