

05-08-2002



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OFFICE OF THE  
COMMISSIONER OF PATENTS AND TRADEMARKS  
1000 M ST, NW  
WASHINGTON, DC 20503  
FINANCE SECTION

RECORDATION FORM COVER SHEET  
TRADEMARKS ONLY

TO: The Commissioner of Patents and Trademarks: Please record the attached original document(s) or copy(ies).

Submission Type

- New
- Resubmission (Non Recordation)
- Document ID#
- Correction of PTO Error
- Reel #  Frame #
- Corrective Document
- Reel #  Frame #

Conveyance Type

- Assignment
  - Security Agreement
  - Merger
  - Change of Name
  - Other
  - License
  - Nunc Pro Tunc Assignment
- Effective Date  
Month Day Year

4-29-02

Conveying Party

Mark if additional names of conveying parties attached

Name **EquiServe Limited Partnership**

Execution Date  
Month Day Year  
**12/31/01**

Formerly

- Individual
- General Partnership
- Limited Partnership
- Corporation
- Association
- Other

Citizenship/State of Incorporation/Organization **Delaware**

Receiving Party

Mark if additional names of receiving parties attached

Name **DST EquiServe, Inc.**

DBA/AK/A/T/A

Composed of

Address (line 1) **150 Royall Street**

Address (line 2)

Address (line 3) **Canton** **Massachusetts** **02021**  
City State/County Zip Code

- Individual
- General Partnership
- Limited Partnership
- Corporation
- Association
- Other
- Citizenship/State of Incorporation/Organization **Delaware**

If document to be recorded is an assignment and the receiving party is not domiciled in the United States, an appointment of a domestic representative should be attached. (Designation must be a separate document from Assignment.)

05/07/2002 BYRNE 0000227 76247002

FOR OFFICE USE ONLY

01 FC 481  
02 FC 482

40.00 OF  
25.00 OF

Public burden reporting for this collection of information is estimated to average approximately 30 minutes per Cover Sheet to be recorded, including time for reviewing the document and gathering the data needed to complete the Cover Sheet. Send comments regarding this burden estimate to the U.S. Patent and Trademark Office, Chief Information Officer, Washington, D.C. 20231 and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Paperwork Reduction Project (0651-0027), Washington, D.C. 20503. See OMB Information Collection Budget Package 0651-0027, Patent and Trademark Assignment Practice. DO NOT SEND REQUESTS TO RECORD ASSIGNMENT DOCUMENTS TO THIS ADDRESS.

Mail documents to be recorded with required cover sheet(s) information to:  
Commissioner of Patents and Trademarks, Box Assignments, Washington, D.C. 20231

TRADEMARK  
REEL: 002501 FRAME: 0304

**Domestic Representative Name and Address**

Enter for the first Receiving Party only.

Name

Address (line 1)

Address (line 2)

Address (line 3)

Address (line 4)

**Correspondent Name and Address**

Area Code and Telephone Number **312-321-4200**

Name

Address (line 1)

Address (line 2)

Address (line 3)

Address (line 4)

**Pages**

Enter the total number of pages of the attached conveyance document including any attachments.

**2**

**Trademark Application Number(s) or Registration Number(s)**

Mark if additional numbers attached

Enter either the Trademark Application Number or the Registration Number (DO NOT ENTER BOTH numbers for the same property).

**Trademark Application Number(s)**

**Registration Number(s)**

<input type="text" value="76/247,002"/>	<input type="text" value="76/247,066"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
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**Number of Properties**

Enter the total number of properties involved.

**#2**

**Fee Amount** Fee Amount for Properties Listed (37 CFR 3.41):

**\$65.00**

Method of Payment: Enclosed  Deposit Account

**Deposit Account**

(enter for payment by deposit account or if additional fees can be charged to the account.)

Deposit Account Number: **#23-1925**

Authorization to charge additional fees: Yes  No

**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. Charges to deposition account are authorized, as indicated herein.*

**Scott Slavick**

**3/12/02**

Name of Person Signing

Signature

Date Signed

# Delaware

PAGE 1

*The First State*

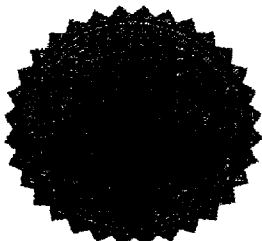
I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF MERGER, WHICH MERGES:

"EQUISERVE LIMITED PARTNERSHIP", A DELAWARE LIMITED PARTNERSHIP,

WITH AND INTO "DST EQUISERVE, INC." UNDER THE NAME OF "EQUISERVE, INC.", A CORPORATION ORGANIZED AND EXISTING UNDER THE LAWS OF THE STATE OF DELAWARE, AS RECEIVED AND FILED IN THIS OFFICE THE TWENTY-SIXTH DAY OF DECEMBER, A.D. 2001, AT 3:30 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE EFFECTIVE DATE OF THE AFORESAID CERTIFICATE OF MERGER IS THE THIRTY-FIRST DAY OF DECEMBER, A.D. 2001.

A FILED COPY OF THIS CERTIFICATE HAS BEEN FORWARDED TO THE NEW CASTLE COUNTY RECORDER OF DEEDS.



3220585 8100M

*Harriet Smith Windsor*

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 1528748

TRADEMARK

REEL: 002501 FRAME: 0306

STATE OF DELAWARE  
CERTIFICATE OF MERGER OF  
DOMESTIC LIMITED PARTNERSHIP  
INTO A  
DOMESTIC CORPORATION

Pursuant to Title 8, Section 263 of the Delaware General Corporation Law and Title 6, Section 17-211 of the Delaware Limited Partnership Act, the undersigned surviving corporation submits the following Certificate of Merger for filing and certifies that:

**FIRST:** The name and jurisdiction of incorporation or organization of the constituent entities are: DST EquiServe, Inc., a Delaware corporation, and EquiServe Limited Partnership, a Delaware limited partnership.

**SECOND:** An Agreement of Merger has been approved, adopted, certified, executed and acknowledged by each of the entities which is to merge.

**THIRD:** The name of the surviving corporation is: DST EquiServe, Inc.

**FOURTH:** The Certificate of Incorporation of DST EquiServe, Inc., shall be the Certificate of Incorporation of the surviving corporation; however, an amendment of that Certificate of Incorporation shall be effectuated by the merger, changing the name of the surviving corporation from DST EquiServe, Inc. to EquiServe, Inc.

**FIFTH:** The merger shall become effective as of the close of business December 31, 2001.

**SIXTH:** The Agreement of Merger is on file at the place of business of the surviving corporation which is located at: 150 Royall Street, Canton, Massachusetts, 02021.

**SEVENTH:** A copy of the Agreement of Merger will be furnished by the surviving corporation, on request and without cost, to any stockholder of any constituent corporation or partner of any constituent limited partnership.

**IN WITNESS WHEREOF,** Said DST EquiServe, Inc., has caused this Certificate of Merger to be signed by Kenneth V. Hager, an authorized officer, this 20<sup>th</sup> day of December, 2001.

DST EquiServe, Inc.

By: Kenneth V. Hager  
Kenneth V. Hager  
Secretary