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To the Honorable Commissioner of Patents and Trademarks:	Please record the attached original documents or copy thereof.
1. Name of conveying party(ies): EBS ACQUISITION CORP. One Mellon Center Pittsburgh, PA 15258 [] Individual(s)	Name and address of receiving party(ies): Name: Mellon HR Solutions LLC Street Address: 1935 One Mellon Center City: Pittsburgh State: Pennsylvania ZIP: 15258
Additional name(s) of conveying party(ies) attached? [] Yes [X] No	in it is
3. Nature of conveyance: [Assignment	[] Individual(s) citizenship [] Association [] General Partnership [] Limited Partnership [] Corporation [X] Other -Limited Liability Company
Execution Date: July 1, 2002	If assignee is not domiciled in the United States, a domestic representative designation is attached: [] Yes [X] No
	(Designations must be a separate document from Assignment) Additional name(s) and address(es) attached? [] Yes [X] No
4. Application number(s) or registration number(s):	
A. Trademark Application No.(s) 75/919,147 75/919,125 76/056,421 76/090,836 76/090,838 76/090,838 76/120,031 Additional numbers att	ached? [] Yes [X] No
 Name and address of party to whom correspondence concerning document should be mailed: 	6. Total number of applications and registrations involved: [9]
Name: <u>David W. Opderbeck, Esq.</u> Internal Address: <u>McCarter & English, LLP</u> <u>4 Gateway Center</u>	7. Total Fee (37 CFR 3.41): \$.240.4 [] Enclosed [X] Authorized to be charged to deposit account
Street Address: 100 Mulberry Street City: Newark State: New Jersey ZIP: 07101	8. Deposit account number: (Attach duplicate copy of this page if paying by deposit account.) 501402
DO NOT LIST	E THIS SPACE
DO NOT USI	e This Stace
9. Statement and Signature. To the best of your knowledge and belief, the foregoing information document.	A is true and correct and any attached copy is a true copy of the origin
David W. Opderbeck	August 22. 2002
Name of Person Signing Signature VI/2002 LMUELLER 00000212 501402 75919147	Date
:	Total number of pages comprising cover sheet: [
C:481 40.00 CH C:482 200.00 CH	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,

NWK2: 965244.01

2002068- 151

		NIA DEPARTN RPORATION B	MENT OF STATE UREAU
Entity Number 3054924		Certificate of Limited (15 F	Merger or Consolidation Liability Company Pa. C.S. § 8958)
Name Reed Smith LLP Address City	State	Zip Code	Document will be returned to the name and address you enter to the left.
		Filed with the De	partment of State on

In compliance with the requirements of 15 Pa.C.S. § 8958 (relating to certificate of merger or consolidation), the undersigned limited liability company(s), desiring to effect a merger or consolidation, hereby states that:

1.	The name of the limited liability company sur	rviving the merger is: _	Mellon HR S	Solutions LL	3		
2.	(Check and complete one of the following):						
<u>x</u>							
	registered office in this Commonwealth or (b) name of its commercial registered office provider and the county of venue is (the Department is hereby authorized to correct the following information to conform to the records of the						
	Department):						
	(a) Number and Street	City	State	Zip	County		
					A		
	(b) Name of Commercial Registered Off	ice Provider			County		
	c/o CT Corporation System				Allegheny		
1:America	The surviving limited liability company is a qualified foreign limited liability company formed under the laws of						
	and the (a) address of its current registered office in this Commonwealth or (b) name of						
	its commercial registered office provider and the county of venue is (the Department is hereby authorized to correct the following information & conform to the records of the Department):						
	(a) Number and Street	City	State	Zip	County		
	(a) , variita a a a a a a a a a a a a a a a a a a			•	-		
	(b) Name of Commercial Registered Off	fice Provider			County		
	c/o				d his blacks . P Be		

PA, DEPT OF STATE

	The surviving limited liability	company is a nonqualified forci	gn limited liabili	ty company fo	ormed unde	er the laws of
	The second secon	and the address of its principal or	ffice under the la	ws of such do	miciliary j	urisdiction is:
	Number and Street	City	State	Zip		
3.	The name and address of the curren	t registered office in this Comm	anwealth or the	name of its con	nunaroial «	anistand off
٥.	provider and the county of venue of are as follows:					
	Name Ad	dress of Registered Office or Na	me of Commerci	ial Registered	Office Pro	vider County
EBS	S NewCo #1 Inc. c/o	CT Corporation System, Allegi	eny County			
4.	(Check, and if appropriate comple	ate one of the following):	······································		·	
٠.		ate, one of the following). Iation shall be effective upon fili	ng this Certificat	te of Merger in	n the Depa	rtment of State.
<u>x</u>	The plan of merger shall be eff	•	at	12:01 p.m. Hour	•	,
5.	The manner in which the plan of me cororation is as follows:	erger or consolidation was adopt	ed by each dome	estic limited lis	ability com	pany/domesetic
	Name of Limited Liability Compar	Manner of adoption	1			
Mel	llon HR Solutions LLC	Adopted by the member	ers pursuant to 1:	5 Pa.C.S. § 89	57(g)	
EBS	S NewCo #I Inc.	Adopted by the director	rs and sharchold	er pursuant to	15 Pa.C.S	5. § 1924(a)
წ .	(Check, and if appropriate complete	e, one of the following):				
	The plan of merger or consolid	lation is set forth in full in Exhib	it A attached her	reto and made	a part here	of.
x_		(b) (relating to omission of certa				
		of merger or consolidation that a				
	Organization of the surviving limited liability company as in effect subsequent to the effective date of the plan are set forth in full in Exhibit A attached hereto and made a part thereof. The full text of the plan of merger or consolidation is on file at the principal place of business of the surviving limited liability company, the address of which is:					consolidation is
	1935 One Meilon Center	Pittsbu	тgh	PA	15258	Allegheny
	Number and Street		itv	State	Zip	County

UG-15-2002 10:55

REED SMITH PGH 5CP

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2002068-153

IN TESTIMONY WHEREOF, the undersigned limited liability company and the undersigned corporation have caused this Certificate of Merger or Consolidation to be signed by a duly authorized member or officer thereof this LST day of, 2002.
MELLON HR SOLUTIONS LLC
By Title Vice President
EBS NEWCO #1 INC.
ByTitle

2002088- 154

IN TESTIMONY WHEREOF, the undersigned limited liability company and the undersigned corporation have caused this Certificate of Merger or Consolidation to be signed by a duly authorized member or officer thereof this
MELLON HR SOLUTIONS LLC
ByTitle
EBS NEWCO#1 INC.
By fresident Title Vige President

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TOTAL P.07