

11-05-2002



Form PTO-1594 (Rev. 10/02) OMB No. 0651-0027 (exp. 6/30/2005)

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

102272234

Tab settings

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

1. Name of conveying party(ies):

OCash.com, Inc.

10-30-02

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

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

2. Name and address of receiving party(ies)

Name: OCash, Inc.

Internal

Address:

Street Address: 2697 East County Rd E #459

City: Lake State: MN Zip: 55110-4908

- Individual(s) citizenship Association General Partnership Limited Partnership Corporation-State MN (Minnesota) 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:

- Assignment Merger Security Agreement Change of Name Other

Execution Date: 5-9-2002

4. Application number(s) or registration number(s):

A. Trademark Application No.(s)

Serial No. 78/067323

B. Trademark Registration No.(s)

Additional number(s) attached Yes No

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

Name: Dale Ninmann

Internal Address:

Street Address: 2697 East County Rd E #459

City: Lake State: MN Zip: 55110-4908

6. Total number of applications and registrations involved:

1

7. Total fee (37 CFR 3.41) \$40.00

- Enclosed check #1005 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.

Dale Ninmann

Name of Person Signing

Dale Ninmann

Signature

10-20-2002

Date

Total number of pages including cover sheet, attachments, and document: 3

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

11/01/2002 6TOM11 00000189 78067323

01 FC:0521 40.00 00

TRADEMARK REEL: 2610 FRAME: 0825



STATE OF MINNESOTA
SECRETARY OF STATE

ARTICLES OF INCORPORATION
Business and Nonprofit Corporations

102-448

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK.

Please read the directions on the reverse side before completing this form. All information on this form is public information.

The undersigned incorporator(s) is an (are) individual(s) 18 years of age or older and adopt the following articles of incorporation to form a (mark ONLY one):

FOR-PROFIT BUSINESS CORPORATION (Chapter 302A) NONPROFIT CORPORATION (Chapter 317A)

ARTICLE I NAME

The name of the corporation is:

Ocash, Com Inc.

(Business Corporation names must include a corporate designation such as Incorporated, Corporation, Company, Limited or an abbreviation of one of those words.)

ARTICLE II REGISTERED OFFICE ADDRESS AND AGENT

The registered office address of the corporation is:

2697 E. County Rd E #459 White Bear Lake, MN 55110-4908

(A complete street address or rural route and rural route box number is required; the address cannot be a P.O. Box) City State Zip

The registered agent at the above address is:

STATE OF MINNESOTA
DEPARTMENT OF STATE
FILED

Name (Note: You are not required to have a registered agent.)

JAN 18 2000

ARTICLE III SHARES

Mary Hiffinger
Secretary of State

The corporation is authorized to issue a total of 1,000,000 shares.

(If you are a business corporation you must authorize at least one share. Nonprofit corporations are not required to have shares.)

ARTICLE IV INCORPORATORS

I (We), the undersigned incorporator(s) certify that I am (we are) authorized to sign these articles and that the information in these articles is true and correct. I (We) also understand that if any of this information is intentionally or knowingly misstated that criminal penalties will apply as if I (we) had signed these articles under oath. (Provide the name and address of each incorporator. Each incorporator must sign below. List the incorporators on an additional sheet if you have more than two incorporators.)

EDGAR T. GORMAN, 1445 ORCHARD LAKE, White Bear Lake, MN 55110 *Edgar T. Gorman*
Name Street City State Zip Signature

Dale E. Ninmann, 135 Rustic Dr. Mahtomedi MN 55115 *Dale E. Ninmann*
Name Street City State Zip Signature

Print name and phone number of person to be contacted if there is a question about the filing of these articles.

ED GORMAN
Name

(651) 777-8835
Phone Number

03930254 Rev. 11/98

040249

102-448



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)
 OCASH.COM, 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.

Format(mm/dd/yyyy)

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 1

OCash, Inc. *L*

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.

Dale Ninmann
 (Signature of Authorized Person)

Name and telephone number of contact person: Dale Ninmann 612,747-8981
 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

08921340 Rev. 10/98

STATE OF MINNESOTA
 DEPARTMENT OF STATE
 FILED

MAY 09 2002 *L*

Mary Hoffmeyer
 Secretary of State

TRADEMARK

RECORDED: 10/30/2002

REEL: 2610 FRAME: 0827