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FORM PTO-1594	U.S. DEPARTMENT OF COMMERCE Patent and Trademark Office
recordation for	
TRADEMAI	
To the Honorable Commissioner of Patents and Trademarks: F	Please record the attached original documents or copy thereof.
1. Name of conveying party(ies):  EBS NEWCO #1, INC. One Mellon Center  Pittsburgh, PA 15258  [ ] Individual(s)	2. Name and address of receiving party(ies):  Name: MELLON IIR SOLUTIONS LLC  Street Address: 1935 One Mellon Center  City: Pittsburgh State: Pennsylvania ZIP: 15258
3. Nature of conveyance:  [ ] Assignment	[ ] Individual(s) citizenship [ ] Association [ ] General Partnership [ ] Limited Partnership [ ] Corporation - [ [ X] Other - Pennsylvania Limited Liability Company  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       76/090,838       76/055,103         76/056,421       76/120,031       76/090,837         76/090,836       75/919,125       76/120,030	B. Trademark Registration No.(s)
·	s attached? [ ] Yes [X] No
5. Name and address of party to whom correspondence concerning document should be mailed:  Name: Joan T. Pinaire, Esq., Internal Address: McCarter & English, LLP  4 Gateway Center  Street Address: 100 Mulherry Street  City: Newark State: New Jersey ZIP: 07101	Total number of applications and registrations involved: [9]  Total Fee (37 CFR 3.41): \$240.00  [1 Enclosed [X] Authorized to be charged to deposit account  8. Deposit account number: (Attach duplicate copy of this page if paying by deposit account.)  502639
DO NOT USE	THIS SPACE
9. Statement and Signature.  To the best of your knowledge and belief, the foregoing information document.  Joan T. Pinaire  Name of Person Signing  Signature	June 9, 2003  Total number of pages comprising cover sheet: [8]

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FORM PTO-1594 1-31-92 1-022050	
	Please record the attached original documents or copy thereof.
I. Name of conveying party(ies):  EBS ACQUISITION CORP.  One Mellon Center  Pittsburgh, PA 15258  [	2. Name and address of receiving party(ies):  Name: Melton HR Solutions LLC  Street Address: 1935 One Mellon Center  City: Pittsburgh State: Penusylvania ZIP. 15258
3. Nature of conveyance:  [ ] Assignment [X] Merger [ ] Security Agreement [ ] Change of Name [ ] Other  Execution Date: July 1, 2002	[ ] Individual(s) citizenship [ ] Association [ ] General Partnership [ ] Limited Partnership [ ] Corporation [ X] Other — Limited Liability Company  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
A. Trademark Application No.(s)  75/919,147  75/919,125  76/056,421  76/090,836  76/090,837  76/090,838  76/120,031  Additional numbers at	on No.(s)  !!ached? [ ] Ycs [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. Onderbeck, Esq.</u> Internal Address: <u>McCarter &amp; English, LLP</u> <u>A Gateway Center</u>	7. Total Fee (37 CFR 3.41): \$240.00  [ ] 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 US	E TITIS SPACE
9. Statement and Signature.  To the best of your knowledge and belief, the foregoing information document.  David W. Opderbeck  Name of Person Signing  Signature	on is true and correct and any attached copy is a true copy of the original  August 22, 2002  Date
8/2002 LMUELLER 00000212 501402 75919147	Total number of pages comprising cover sheet: [6]
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undersigned limited liability company(s), desiring to effect a merger or consolidation, hereby states that:

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		ANIA DEPARTMEN PROCESTION BURI	
Entity Number 3054924		Certificate of Mc Limited Lia (15 Pa. C	rger or Consolidation bility Company C.S. § 8958)
Name Reed Smith LLP Address	44 MV	and the state of t	Document will be returned to the name and address you enter to the left.
City	State	Zip Code	_

In compliance with the requirements of 15 Pa.C.S. § 8958 (relating to certificate of merger or consolidation), the

Filed with the Department of State on \_

Mellon HR Solutions LLC The name of the limited liability company surviving the merger is: (Check and complete one of the following): The surviving limited liability company is a domestic limited liability company 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 to conform to the records of the Department): State Zip County (a) Number and Street City County (b) Name of Commercial Registered Office Provider CT Corporation System 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): County Zip (a) Number and Street County (b) Name of Commercial Registered Office Provider

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	The surviving limited liability of	ompany is a nonqualified for d the address of its principal				
	Number and Street	City	State	Zip		
3.	The name and address of the current provider and the county of venue of our us follows:	registered office in this Com each other domestic corporat	monwealth or the ion which is a par	name of its c ry to the plan	ommercial ( of merger (	registered office or consolidation
	Name Add	ress of Registered Office or I	Name of Commerc	ial Registere	d Office Pro	ovider County
EBS	S NewCo #1 Inc. do C	CT Corporation System, Alle	gheny County			
4. <u>×</u>	(Check, and if appropriate complete The plan of merger or consolida The plan of merger shall be effe	tion shall be offective upon t	!at	_	n	urtment of State.
5.	The manner in which the plan of mer cororation is as follows: Name of Limited Liability Company	•	·	estic limited	liability con	npany/domesetic
Mel	llon HR Solutions LLC	Adopted by the men	ibers pursuant to 1	5 Pa.C.S. § 3	8957(g)	
EBS	S NewCo #1 Inc.	Adopted by the dire	ctors and sharchol	der pursuant	to 15 Pa.C.	S. § 1924(a)
G.	(Check, and if appropriate complete,	one of the following):				,
	The plan of merger or consolida	tion is set forth in full in Ext	iibit A attached he	reto and mad	le a part her	cof.
<u>x</u>	provisions, if any, of the plan of Organization of the surviving lin forth in full in Exhibit A attache on file at the principal place of t	merger or consolidation tha nited liability company as in d hereto and made a part the susiness of the surviving lim	amend or constituelfect subsequent reof. The full text ted liability comp	ute the opera- to the effecti of the plan o	tive Certific ive date of t of merger or	ate of he plan are set consolidation is
	1935 One Mellon Center Number and Street	Pitts	<u>burgh</u> City	PA State	<u>15258</u> Zip	Allegheny County
					•	•

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REED SMITH PGH 5CP

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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 July 2002.
MELLON HR SOLUTIONS LLC
By Title Vice ArtSWent
EBS NEWCO #1 INC.
ByTitle

AUG-15-2002 10:55

REED SMITH PGH 5CP

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2002068-154

and the undersigned corporation have caused this Certificate of Merger or Consolidation to be signed by a duly authorized member or officer thereof this <u>for</u> day of <u>Jacks</u> , 2002.
MELLON HR SOLUTIONS LLC
Ву
Title
EBS NEWCO#1 INC.
By Title Vigh Prisident

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TOTAL P.07