

Form PTO-1594

RECORDATION FORM COVER SHEET

U.S. DEPARTMENT OF COMMERCE

(Rev. 03/01)

TRADEMARKS ONLY

U.S. Patent & Trademark Office

OMB No. 0651-0027 (exp. 5/31/2002)

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

<p>1. Name of conveying party(ies): Klocwork Solutions Corp.</p> <p><input type="checkbox"/> Individual(s) <input type="checkbox"/> Association <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership <input checked="" type="checkbox"/> Corporation-State - Ontario, Canada <input type="checkbox"/> Other _____</p> <p>Additional name(s) of conveying party(ies) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>2. Name and address of receiving party(ies): Name: <u>Klocwork Corp.</u></p> <p>Internal Address: _____ Street Address: <u>One Chrysalis Way,</u> <u>4th Floor</u> City: <u>Ottawa</u> State: <u>Canada</u> Zip: <u>K2G 6P9</u></p> <p><input type="checkbox"/> Individual(s) Citizenship _____ <input type="checkbox"/> Association _____ <input type="checkbox"/> General Partnership _____ <input type="checkbox"/> Limited Partnership _____ <input checked="" type="checkbox"/> Corporation-State <u>Ontario, Canada</u> <input type="checkbox"/> Other _____</p> <p>If assignee is not domiciled in the United States, a domestic representative designation is attached: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (Designations must be a separate document from assignment) Additional name(s) & address(es) attached? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>3. Nature of conveyance: <input type="checkbox"/> Assignment <input type="checkbox"/> Merger <input type="checkbox"/> Security Agreement <input type="checkbox"/> Change of Name <input checked="" type="checkbox"/> <u>Other Corrective to Correct Serial No. 76/306,589, Reel/Frame 2819/0824, to withdraw previous Name Change recorded against the wrong application.</u></p> <p>Execution Date: <u>October 8, 2002</u></p>	<p>4. Application number(s) or registration number(s):</p> <p>A. Trademark Application No. _____</p> <p>B. Trademark Registration No. <u>2,780,341</u></p> <p>Additional number(s) attached <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>5. Name and address of party to whom correspondence concerning document should be mailed:</p> <p>Name: <u>Donald F. Frei, Esq.</u> Internal Address: <u>Wood, Herron & Evans, L.L.P.</u> <u>2700 Carew Tower</u> Street Address: <u>441 Vine Street</u> City: <u>Cincinnati</u> State: <u>Ohio</u> Zip: <u>45202</u></p>	<p>6. Total number of applications and trademarks involved: <u>1</u></p> <p>7. Total fee (37 CFR 3.41): <u>\$40.00</u> <input checked="" type="checkbox"/> Enclosed <input checked="" type="checkbox"/> Authorized to be charged to deposit account only if deficiencies occur</p> <p>8. Deposit Account number: <u>23-3000</u> (Attach duplicate copy of this page if paying by deposit account)</p>

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.

Sarah Ote Graber, Esq.

Name of Person Signing

Total number of pages including cover sheet, attachments, and document: 5

Sarah O. Graber
Signature

April 13, 2004
Date

GH \$40.00 233000 2780341

To provide that the name of the Corporation be changed from KLOCWORK SOLUTIONS CORP. to KLOCWORK CORP.

- 6. The amendment has been duly authorized as required by sections 168 and 170 (as applicable) of the *Business Corporations Act*.
La modification a été dûment autorisée conformément aux articles 168 et 170 (selon le cas) de la Loi sur les sociétés par actions.
- 7. The resolution authorizing the amendment was approved by the shareholders/directors (as applicable) of the corporation on
Les actionnaires ou les administrateurs (selon le cas) de la société ont approuvé la résolution autorisant la modification le

2002-10-8

(Year, Month, Day)
(année, mois, jour)

These articles are signed in duplicate.
Les présents statuts sont signés en double exemplaire.

KLOCWORK SOLUTIONS CORP.

(Name of Corporation)
(Dénomination sociale de la société)

(If the name is to be changed by these articles set out current name)
(Si l'on demande un changement de nom, indiquer ci-dessus la dénomination sociale actuelle).

By/
Par:



(Signature)
(Signature)



(Description of Office)
(Fonction)

DESIGNATION OF DOMESTIC REPRESENTATIVE

Donald F. Frei, of the law firm of Wood, Herron & Evans, L.L.P., whose postal address is 2700 Carew Tower, 441 Vine Street, Cincinnati, Ohio 45202, is hereby designated Applicant's representative upon whom notice or process in proceedings affecting the mark may be served.

Please address all communication in connection with this application

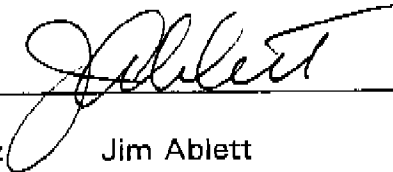
Donald F. Frei, Esq.
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(513) 241-2324.

KLOCWORK SOLUTIONS CORP.

Date:

Sept 17 2002

By:



Name: Jim Ablett

Title: CFO