

# VIA FACSIMILE - 703-306-5995

Form PTO-1594

(Rev. 10/02)

OMB No. 0651-0027 (exp. 6/30/2005)

## RECORDATION FORM COVER SHEET TRADEMARKS ONLY

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

Our Refs.: 1680/103-104

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

<p>1. Name of conveying party(ies): Cognicase (Canada) Inc. Solutions Softrésumé Inc./Softresume Solutions Inc. Cognicase Solutions Électroniques Inc./Cognicase Electronic Solutions Inc. Watch4Me Inc.</p> <p><input type="checkbox"/> Individual(s)                      <input type="checkbox"/> Association <input type="checkbox"/> General partnership              <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Corporation-State <input checked="" type="checkbox"/> Other: <u>corporations of Canada</u></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>CGI Information Systems and Management Consultants Inc.</u> Internal Address: Street Address: <u>4 King Street West, Suite 1900</u></p> <p>City: <u>Toronto</u>                      State: <u>Ontario</u>                      Zip: <u>M5H 1B6</u> Country: <u>CANADA</u></p> <p><input type="checkbox"/> Individual(s) citizenship <input type="checkbox"/> Association <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Corporation-State <input checked="" type="checkbox"/> Other <u>corporation of Canada</u></p> <p>If assignee is not domiciled in the United States, a domestic representative designation is attached: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Designations must be a separate document from Assignment) Additional name/s &amp; address/es attached <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>3. Nature of conveyance: <input type="checkbox"/> Assignment                      <input type="checkbox"/> Merger <input type="checkbox"/> Security Assignment              <input type="checkbox"/> Change of Name <input checked="" type="checkbox"/> Other: <u>Certificate of Amalgamation</u></p> <p>Execution Date: <u>March 1, 2003</u></p>	

<p>4. Application number(s) or registration number(s):</p> <p>A. Trademark Application No.(s) (1) (2) (3)</p> <p>Additional numbers attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>B. Trademark Registration No.(s) (1) <u>1,552,675 - ACCOUNTANT'S DREAM</u> (2) <u>2,525,396 - SCOOPSOFT</u> (3)</p>
<p>5. Name and address of party to whom correspondence concerning document should be mailed: Name: <u>Donna J. Bunton</u> Internal Address: Street Address: <u>Nixon &amp; Vanderhye P.C.</u> <u>1100 North Glebe Road</u> <u>8th Floor</u> City <u>Arlington</u>                      State: <u>VA</u>                      Zip: <u>22201</u></p>	<p>6. Total number of applications and registrations involved: <u>2</u></p> <p>7. Total fee (37 CFR 3.41)                      \$ <u>65.00</u> <input type="checkbox"/> Enclosed <input checked="" type="checkbox"/> Authorized to be charged to deposit account #14-1140</p> <p>8. The Commissioner is hereby authorized to charge any deficiency, or credit any overpayment, in the fee(s) filed, or asserted to be filed, or which should have been filed herewith (or with any paper thereafter filed in this application by this firm) to our Account No. 14-1140.</p>

DO NOT USE THIS SPACE

9. Signature.

Donna J. Bunton                      Donna J. Bunton                      May 20, 2004  
Name of Person Signing                      Signature                      Date

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

DJB:pav

Mail documents to be recorded with required cover sheet information to:  
Commissioner of Patents & Trademarks, Box Assignments  
Washington, D.C. 20231  
Fax: 703-306-5995



Industrie Canada

**Certificate  
of Amalgamation****Canada Business  
Corporations Act****Certificat  
de fusion****Loi canadienne sur  
les sociétés par actions****CGI Information Systems and Management Consultants Inc.****414979-3**

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Name of corporation-Dénomination de la société

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Corporation number-Numéro de la société

I hereby certify that the above-named corporation resulted from an amalgamation, under section 185 of the *Canada Business Corporations Act*, of the corporations set out in the attached articles of amalgamation.

Je certifie que la société susmentionnée est issue d'une fusion, en vertu de l'article 185 de la *Loi canadienne sur les sociétés par actions*, des sociétés dont les dénominations apparaissent dans les statuts de fusion ci-joints.

Director - Directeur

**March 1, 2003 / le 1 mars 2003**

Date of Amalgamation - Date de fusion

Canada



Industry Canada  
Canada Business  
Corporations Act

Industrie Canada  
Loi canadienne sur les  
sociétés par actions

**FORM 9  
ARTICLES OF AMALGAMATION  
(SECTION 185)**

**FORMULE 9  
STATUTS DE FUSION  
(ARTICLE 185)**

1 - Name of the Amalgamated Corporation / Dénomination sociale de la société issue de la fusion  
**CGI Information Systems and Management Consultants Inc.**

2 - The province or territory in Canada where the registered office is to be situated / La province ou le territoire au Canada où se situera le siège social  
**Province of Ontario / Province de l'Ontario**

3 - The classes and any maximum number of shares that the corporation is authorized to issue / Catégories et tout nombre maximal d'actions que la société est autorisée à émettre  
**The attached Schedule A is incorporated into this form. / L'Annexe A ci-jointe fait partie intégrante de cette formule.**

4 - Restrictions, if any, on share transfers / Restrictions sur le transfert des actions, s'il y a lieu  
**The attached Schedule B is incorporated into this form. / L'Annexe B ci-jointe fait partie intégrante de cette formule.**

5 - Number (or minimum and maximum number) of directors / Nombre (ou nombre minimal et maximal) d'administrateurs  
**Minimum: 1 - Maximum: 10 / Nombre minimal: 1 - Nombre maximal: 10**

6 - Restrictions, if any, on business the corporation may carry on / Limites imposées à l'activité commerciale de la société, s'il y a lieu  
**None / Aucun**

7 - Other provisions, if any / Autres dispositions, s'il y a lieu  
**The attached Schedule C is incorporated into this form. / L'Annexe C ci-jointe fait partie intégrante de cette formule.**

8 - The amalgamation has been approved pursuant to that section or subsection of the Act which is indicated as follows: / La fusion a été approuvée en accord avec l'article ou le paragraphe de la Loi indiqué ci-après

183  
 184(1)  
 184(2)

8 - Name of the amalgamating corporations / Dénomination sociale des sociétés fusionnantes	Corporation No. / N° de la société	Signature	Date	Title / Titre
CGI Information Systems and Management Consultants Inc.	4136004	<i>[Signature]</i>	2003/02/28	Director
COGNICASE (CANADA) INC.	4108281	<i>[Signature]</i>	2003/02/28	Director
SOLUTIONS SOFTRÉSUMÉ INC./SOFTRESUME SOLUTIONS INC.	3694135	<i>[Signature]</i>	2003/02/28	Director
COGNICASE SOLUTIONS ÉLECTRONIQUES INC./COGNICASE ELECTRONIC SOLUTIONS INC.	3620450	<i>[Signature]</i>	2003/02/28	Director
WATCH4ME INC.	3721655	<i>[Signature]</i>	2003/02/28	Director

For Departmental Use Only - À l'usage du ministère / Filed - Déposés

Corporation No. / N° de la société ► **414979-3**

**MAR - 3 2003**



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