TRADEMARK ASSIGNMENT

Electronic Version v1.1
Stylesheet Version v1.1

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	CHANGE OF NAME

CONVEYING PARTY DATA

Name	Formerly	Execution Date	Entity Type
Express Health Care Staffing, Inc.		06/16/2004	CORPORATION:

RECEIVING PARTY DATA

Name:	Trustaff, Inc.
Street Address:	7767 Montgomery Road, Suite 200
City:	Cincinnati
State/Country:	OHIO
Postal Code:	45236
Entity Type:	CORPORATION:

PROPERTY NUMBERS Total: 1

Property Type	Number	Word Mark
Serial Number:	78374812	TRUSTAFF

CORRESPONDENCE DATA

Fax Number: (614)228-6704
Correspondence will be sent via US Mail when the fax attempt is unsuccessful.
Phone: (614) 228-6280
Email: mgallagher@invention-protection.com
Correspondent Name: Michael J. Gallagher, Esq.
Address Line 1: Gallagher & Dawsey Co., LPA
Address Line 2: 533 S. Fifth Street
Address Line 4: Columbus, OHIO 43206

NAME OF SUBMITTER:	Michael J. Gallagher
Signature:	//michael j. gallagher//
Date:	05/20/2005

Total Attachments: 3

OP $40.00 78374812

source=Trustaff Name Change Document#page1.tif
source=Trustaff Name Change Document#page2.tif
source=Trustaff Name Change Document#page3.tif

DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
06/17/2004	200416803616	DOMESTIC/AMENDMENT TO ARTICLES (AMD)	50.00	.00	.00	.00	.00

Receipt

This is not a bill. Please do not remit payment.

JAMES K. KELLER
441 VINE ST.
CINCINNATI, OH 45202

STATE OF OHIO
CERTIFICATE
Ohio Secretary of State, J. Kenneth Blackwell

1304280

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

TRUSTAFF, INC.

and, that said business records show the filing and recording of:

Document(s)	Document No(s):
DOMESTIC/AMENDMENT TO ARTICLES	**200416803616**

United States of America
State of Ohio
Office of the Secretary of State

Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 16th day of June, A.D. 2004.

J. Kenneth Blackwell

Ohio Secretary of State

Prescribed by **J. Kenneth Blackwell**
Ohio Secretary of State
Central Ohio: (614) 466-3910
Toll Free: 1-877-SOS-FILE (1-877-767-3453)

www.state.oh.us/sos
e-mail: busserv@sos.state.oh.us

Expedite this Form: (Select One)	
Mail Form to one of the Following:	
○ Yes	PO Box 1390 Columbus, OH 43216 *** Requires an additional fee of $100 ***
◉ No	PO Box 1028 Columbus, OH 43216

Certificate of Amendment by Shareholders or Members

(Domestic)

Filing Fee $50.00

2004 JUN -7 PM 2:25

(CHECK ONLY ONE (1) BOX)

(1) Domestic for Profit		(2) Domestic Non-Profit	
☐ Amended *(122-AMAP)*	PLEASE READ INSTRUCTIONS ☑ Amendment *(125-AMDS)*	☐ Amended *(126-AMAN)*	☐ Amendment *(128-AMD)*

Complete the general information in this section for the box checked above.

2004 JUN 16 PM 1:21

Name of Corporation: EXPRESS HEALTH CARE STAFFING, INC.

Charter Number: 1304280

Name of Officer: Brent D. Loring

Title: President

☐ Please check if additional provisions attached.

The above named Ohio corporation, does hereby certify that:

☑ A meeting of the ☑ shareholders ☐ directors ***(non-profit amended articles only)***

☐ members was duly called and held on May 10, 2004 (Date)

at which meeting a quorum was present in person or by proxy, based upon the quorum present, an affirmative vote was cast which entitled them to exercise 66-2/3 % as the voting power of the corporation.

☐ In a writing signed by all of the ☐ shareholders ☐ directors ***(non-profit amended articles only)***
☐ members who would be entitled to the notice of a meeting or such other proportion not less than a majority as the articles of regulations or bylaws permit.

Clause applies if amended box is checked.

Resolved, that the following amended articles of incorporations be and the same are hereby adopted to supercede and take the place of the existing articles of incorporation and all amendments thereto.

TRADEMARK
REEL: 003088 FRAME: 0920

All of the following information must be completed if an amended box is checked.
If an amendment box is checked, complete the areas that apply.

FIRST: The name of the corporation is: TRUSTAFF, INC.

SECOND: The place in the State of Ohio where its principal office is located is in the City of:

Cincinnati (city, village or township) Hamilton (county)

THIRD: The purposes of the corporation are as follows:

FOURTH: The number of shares which the corporation is authorized to have outstanding is: _____
(Does not apply to box (2))

REQUIRED
Must be authenticated **(signed)** by an authorized representative
(See Instructions)

PRESIDENT
Authorized Representative

5-20-04
Date

Brent D. Loring, President
(Print Name)

Authorized Representative

Date

(Print Name)