Form PTO-1594 (Rev. 03/05) OMB Collection 0651-0027 (exp. 6/30/2005)	U.S. DÉPARTMENT OF COMMERCE United States Patent and Trademark Office
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To the Director of the U. S. Patent and Trademark Office: Please record the attached documents or the new address(es) below.	
Name of conveying party(ies): FMR Corp.	2. Name and address of receiving party(ies) Additional names, addresses, or citizenship attached? No Name: FMR Corp.
☐ Individual(s) ☐ Association ☐ General Partnership ☐ Limited Partnership ☑ Corporation- State: Massechusetts ☐ Other ☐ Citizenship (see guidelines) ☐ Additional names of conveying partles attached? ☐ Yes ☑ No. 3. Nature of conveyance)/Execution Date(s):	Internal Address: Street Address: 82 Devonshire Street City: Boston State; Massachusetts Country: United States Zip: 02109
Execution Date(s)_02132001 Assignment Security Agreement Other	Limited Partnership Citizenship Corporation Citizenship Delaware Other Citizenship 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)
4. Application number(s) or registration number(s) and A. Trademark Application No.(s) C. Identification or Description of Trademark(s) (and Filing ASSET MANAGER: INCOME; ASSET MANAGER: GROWTH	d identification or description of the Trademark. B. Trademark Registration No.(s) 2,252,084; 2,246,774 Additional sheet(s) attached?
5. Name & address of party to whom correspondence concerning document should be mailed; Name: John C. Holman	6. Total number of applications and registrations involved;
Internal Address: <u>Jacobson Holman PLLC</u> T17235US1 Street Address: 400 Seventh Street, NW	7. Total fee (37 CFR 2.6(b)(6) & 3.41) \$ 65.00 Authorized to be charged by credit card Authorized to be charged to deposit account Enclosed
City: Washington	8. Payment Information:
State: <u>DC</u> Zip: <u>20004</u> Phone Number: (<u>202) 638-6666</u> Fax Number: (<u>202) 593-5350</u> Email Address: trademark@ bip.com	a. Credit Card Last 4 Numbers 1000 Expiration Date 08/2005 b. Deposit Account Number Authorized User Name
9. Signature: Signature John Clarke Holman #22769	Total number of pages including cover sheet, attachments, and document 3
Name of Person Signing	sheet, attachments, and document:

Documents to be recorded (including cover sheet) should be faxed to (702) 306-5995, or mailed to: Mail Stop Assignment Recordation Services, Director of the USPTO, P.O. Box 1450, Alexandria, VA 22313-1450

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Delaware

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE CERTIFICATE OF MERGER, WHICH MERGES:

"FMR CORP", A MASSACHUSETTS CORPORATION,

WITH AND INTO "FMR CORP." UNDER THE NAME OF "FMR CORP.", A CORPORATION ORGANIZED AND EXISTING UNDER THE LAWS OF THE STATE OF DELAWARE, WAS RECEIVED AND FILED IN THIS OFFICE THE THIRTEENTH DAY OF FEBRUARY, A.D. 2001, AT 10 O'CLOCK A.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CORPORATION SHALL BE GOVERNED BY THE LAWS OF THE STATE OF DELAWARE.



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AUTHENTICATION: 3930518

DATE: 06-07-05

TRADEMARK **REEL: 003130 FRAME: 0365**

RECORDED: 06/13/2005