

06-10-2005

Form PTO-1594 (Rev. 06/04)
OMB Collection 0651-0027 (exp. 6/30/2005)

DEPARTMENT OF COMMERCE
Patent and Trademark Office



6/7/05 **RECORDED** **TRA** 103019010

To the Director of the U. S. Patent and Trademark Office: Please record the attached documents or the new address(es) below.

1. Name of conveying party(ies)/Execution Date(s):

Morrison Distribution & Marketing, Inc.

- Individual(s) Association
 General Partnership Limited Partnership
 Corporation-State
 Other _____

Citizenship (see guidelines) Oklahoma

Execution Date(s) _____

Additional names of conveying parties attached? Yes No

3. Nature of conveyance:

- Assignment Merger
 Security Agreement Change of Name
 Other _____

2. Name and address of receiving party(ies)

Additional names, addresses, or citizenship attached? Yes No

Name: The Morrison Group, Inc.

Internal Address: _____

Address: _____

Street Address: 3700 North Classen Blvd.

City: Oklahoma City

State: OK

Country: USA Zip: 73118

Association Citizenship _____

General Partnership Citizenship _____

Limited Partnership Citizenship _____

Corporation Citizenship Oklahoma

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 identification or description of the Trademark.

A. Trademark Application No.(s)

76/633,701

B. Trademark Registration No.(s)

Additional sheet(s) attached? Yes No

C. Identification or Description of Trademark(s) (and Filing Date if Application or Registration Number is unknown):

MYSTIC MOUNTAIN COFFEE

5. Name & address of party to whom correspondence concerning document should be mailed:

Name: Dunlap, Coddling & Rogers, P.C.

Internal Address: _____

Street Address: P. O. Box 16370

City: Oklahoma City

State: OK Zip: 73113

Phone Number: (405) 607-8600

Fax Number: (405) 607-8686

Email Address: _____

6. Total number of applications and registrations involved:

7. Total fee (37 CFR 2.6(b)(6) & 3.41) \$ 40.00

- Authorized to be charged by credit card
 Authorized to be charged to deposit account
 Enclosed

8. Payment Information:

a. Credit Card Last 4 Numbers 1015
Expiration Date 1/07

b. Deposit Account Number _____
Authorized User Name _____

9. Signature:

G. Michael Burdick
Signature

06/07/2005
Date

06/09/2005 BYRNE 00000038 76633701

G. Michael Burdick

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

01 FC:8521

40.00 Fee of Person Signing

Documents to be recorded (including cover sheet) should be faxed to (703) 306-5995, or mailed to:
Mail Stop Assignment Recordation Services, Director of the USPTO, P.O. Box 1450, Alexandria, VA 22313-1450

TRADEMARK
REEL: 003178 FRAME: 0937

OFFICE OF THE SECRETARY OF STATE



**AMENDED
CERTIFICATE OF INCORPORATION**

WHEREAS, the Amended Certificate of Incorporation of

THE MORRISON GROUP, INC.

has been filed in the office of the Secretary of State as provided by the laws of the State of Oklahoma.

NOW THEREFORE, I, the undersigned, Secretary of State of the State of Oklahoma, by virtue of the powers vested in me by law, do hereby issue this certificate evidencing such filing.

IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the Great Seal of the State of Oklahoma.



*Filed in the city of Oklahoma City this
7th day of March, 2005.*

M. Lisa Savage

Secretary of State

03/07/2005 04:24 PM

FILED - Oklahoma Secretary of State #1900500474 03/07/2005 16:59

OKLAHOMA SECRETARY OF STATE



SCS



2619310082

**AMENDED
CERTIFICATE OF INCORPORATION
(AFTER RECEIPT OF PAYMENT OF STOCK)**

PRINT CLEARLY

TO: OKLAHOMA SECRETARY OF STATE
2300 N. Lincoln Blvd., Room 101, State Capital Building
Oklahoma City, Oklahoma 73105-4897
(405)-521-3912

The undersigned Oklahoma corporation, for the purpose of amending its certificate of incorporation as provided by Section 1077 of the Oklahoma General Corporation Act, hereby certifies:

1. A. The name of the corporation is:

Morrison Distribution & Marketing, Inc.

B. As amended: The name of the corporation has been changed to:

The Morrison Group, Inc.

(Please Note: The new name of the corporation **MUST** contain one of the following words: association, company, corporation, club, foundation, fund, incorporated, institute, society, union, syndicate or limited or one of the abbreviations co., corp., inc. or ltd.)

2. The name of the registered agent and the street address of the registered office in the State of Oklahoma is:

Dan Morrison	3700 N. Classen Blvd	Oklahoma City	Oklahoma	73118
Name of Agent	Street Address	City	County	Zip Code

(P.O. BOXES ARE NOT ACCEPTABLE)

3. The duration of the corporation is: perpetual

RECEIVED

MAR 7 2005

OKLAHOMA SECRETARY
OF STATE

4. The aggregate number of the authorized shares, itemized by class, par value of shares, shares without par value, and series, if any, within a class is:

NUMBER OF SHARES	SERIES (If any)	PAR VALUE PER SHARE (Or, if without par value, so state)
COMMON <u>50,000</u>		<u>\$1.00</u>
PREFERRED _____		_____


5. Set forth clearly any and all amendments to the certificate of incorporation which are desired to be made:

Change the corporation name from Morrison Distribution & Marketing, Inc. to the new name of The Morrison Group, Inc.

That at a meeting of the Board of Directors, a resolution was duly adopted setting forth the foregoing proposed amendment(s) to the Certificate of Incorporation of said corporation, declaring said amendment(s) to be advisable and calling a meeting of the shareholders of said corporation for consideration thereof.

That thereafter, pursuant to said resolution of its Board of Directors, a meeting of the shareholders of said corporation was duly called and held, at which meeting the necessary number of shares as required by statute were voted in favor of the amendment(s).


IN WITNESS WHEREOF, said corporation has caused this certificate to be signed by its President or Vice President and attested by its Secretary or Assistant Secretary, this _____ day of _____


By _____ President

Dan Morrison

(PLEASE PRINT NAME)

ATTEST:


By _____ Secretary


(PLEASE PRINT NAME)

(SOS FORM 004-12/01)