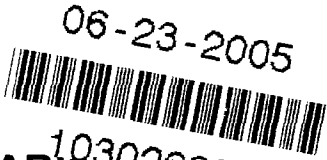
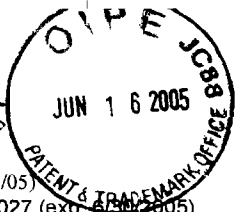


6-16-05



06-23-2005

Form PTO-1594 (Rev. 03/05)
OMB Collection 0651-0027 (exp. 6/30/2005)

DEPARTMENT OF COMMERCE
Patent and Trademark Office

RECORDATION
TRADEMARKS

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):
Pyxis Consulting, Inc.

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

Citizenship (see guidelines) _____

Additional names of conveying parties attached? Yes No

2. Name and address of receiving party(ies) Yes
Additional names, addresses, or citizenship attached? No

Name: Pyxis Mobile, Inc.
Internal _____
Address: _____
Street Address: 1601 TRAPELO RD SUITE 260
City: WALTHAM
State: MA
Country: USA Zip: 02451

Association Citizenship _____
 General Partnership Citizenship _____
 Limited Partnership Citizenship _____
 Corporation Citizenship MA
 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)

3. Nature of conveyance / Execution Date(s) :

Execution Date(s) 06/09/2005 (JUNE 9, 2005)

Assignment Merger
 Security Agreement Change of Name
 Other _____

4. Application number(s) or registration number(s) and identification or description of the Trademark.

A. Trademark Application No.(s)
78422664

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):
M INSTITUTIONAL - WORDMARK

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

Name: CHRIS WILLIS
Internal Address: PYXIS MOBILE
Street Address: 1601 TRAPELO RD
SUITE SUITE 260
City: WALTHAM
State: MA Zip: 02451
Phone Number: 781-997-0328
Fax Number: 781-997-0301
Email Address: cwillis@pyxismobile.com

6. Total number of applications and registrations involved: im 5

7. Total fee (37 CFR 2.6(b)(6) & 3.41) \$ 4200

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

8. Payment Information:

a. Credit Card Last 4 Numbers _____
Expiration Date _____

b. Deposit Account Number _____
Authorized User Name _____

9. Signature: [Signature] June 9, 2005
Signature Date

CHRISTOPHER P. WILLIS
Name of Person Signing

Total number of pages including cover sheet, attachments, and document: 34

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

Refund Ref: 06/20/2005 ECOOPER 0000145391

CHECK Refund Total: \$60.00

TRADEMARK
REEL: 003183 FRAME: 0845

06/20/2005 ECOOPER 00000107 78422664
40.00 DP
100.00 DP
01 FC: 8521
02 FC: 8522

4. Application number(s) or registration number(s) and identification or description of the Trademark.
 A. Trademark Application No.(s)
 B. Trademark Registration No.(s)
 2724207
 Additional sheet(s) attached? Yes No
 C. Identification or Description of Trademark(s) (and Filing Date if Application or Registration Number is unknown):
 mWholesaler - wordmark

4. Application number(s) or registration number(s) and identification or description of the Trademark.
 A. Trademark Application No.(s)
 B. Trademark Registration No.(s)
 2936428
 Additional sheet(s) attached? Yes No
 C. Identification or Description of Trademark(s) (and Filing Date if Application or Registration Number is unknown):
 mAdvisor - wordmark

4. Application number(s) or registration number(s) and identification or description of the Trademark.
 A. Trademark Application No.(s)
 78422666
 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):
 mReports - wordmark

4. Application number(s) or registration number(s) and identification or description of the Trademark.
 A. Trademark Application No.(s)
 B. Trademark Registration No.(s)
 2881313
 Additional sheet(s) attached? Yes No
 C. Identification or Description of Trademark(s) (and Filing Date if Application or Registration Number is unknown):
 mPlatform - wordmark

4. Application number(s) or registration number(s) and identification or description of the Trademark.
 A. Trademark Application No.(s)
 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):
 eHyperise - wordmark



**The Commonwealth of Massachusetts
William Francis Galvin**

Secretary of the Commonwealth
One Ashburton Place, Boston, Massachusetts 02108-
1512
Telephone: (617) 727-9640

PYXIS MOBILE, INC. Summary Screen



Help with this form

Request a Certificate

The exact name of the Domestic Profit Corporation: PYXIS MOBILE, INC.

The name was changed from: PYXIS CONSULTING, INC. on 2/25/05

Entity Type: Domestic Profit Corporation

Identification Number: 043400305

Old Federal Employer Identification Number (Old FEIN): 000597476

Date of Organization in Massachusetts: 01/01/1998

Current Fiscal Month / Day: 12 / 31

Previous Fiscal Month / Day: 00 / 00

The location of its principal office in Massachusetts:

No. and Street: 1601 TRAPELO RD., SUITE 278

City or Town: WALTHAM

State: MA Zip: 02482 Country: USA

If the business entity is organized wholly to do business outside Massachusetts, the location of that office:

No. and Street:

City or Town:

State:

Zip:

Country:

The name and address of the Registered Agent:

Name: SHANE HUGHES

No. and Street: 1601 TRAPELO RD.

SUITE 278

City or Town: WALTHAM

State: MA

Zip: 02451

Country: USA

The officers and all of the directors of the corporation:

Title	Individual Name <i>First, Middle, Last, Suffix</i>	Address (no PO Box) <i>Address, City or Town, State, Zip Code</i>	Expiration of Term
PRESIDENT	SHANE R. HUGHES	8 LONGMEADOW DR., IPSWICH, MA USA	

D
PC

The Commonwealth of Massachusetts

William Francis Galvin
Secretary of the Commonwealth
One Ashburton Place, Boston, Massachusetts 02108-1512

FORM MUST BE TYPED

Articles of Amendment

FORM MUST BE TYPED

(General Laws Chapter 156D, Section 10.06; 950 CMR 113.34)

(1) Exact name of corporation: Pyxis Consulting, Inc.

(2) Registered office address: 1601 Trapelo Road Suite 260 Waltham, Massachusetts 02451
(number, street, city or town, state, zip code)

(3) These articles of amendment affect article(s): I
(specify the number(s) of article(s) being amended (I-VI))

(4) Date adopted: February 2, 2005
(month, day, year)

(5) Approved by:

(check appropriate box)

- the incorporators.
- the board of directors without shareholder approval and shareholder approval was not required.
- the board of directors and the shareholders in the manner required by law and the articles of organization.

(6) State the article number and the text of the amendment. Unless contained in the text of the amendment, state the provisions for implementing the exchange, reclassification or cancellation of issued shares.

Article I, Name Change: New Name is now Pyxis Mobile, Inc.

RECORDED IN STATE
RECORDING DIVISION
FEB 25 PM 3:01
NOTARIAL PUBLIC