

Form PTO-1594 (Rev. 07/05)
OMB Collection 0651-0027 (exp. 6/30/2008)

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

RECORDATION FORM COVER SHEET TRADEMARKS ONLY

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):
MELLON CONSULTANTS, LLC

- Individual(s)
- General Partnership
- Corporation- State: _____
- Other Delaware Limited Liability Company
- Association
- Limited Partnership

Citizenship (see guidelines) _____

Additional names of conveying parties attached? Yes No

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

Execution Date(s) May 26, 2005

- Assignment
- Security Agreement
- Other
- Merger
- Change of Name

2. Name and address of receiving party(ies)

Additional names, addresses, or citizenship attached? Yes No

Name: BUCK CONSULTANTS, LLC

Internal Address: _____

Address: _____

Street Address: One Pennsylvania Plaza, 30th Floor

City: New York

State: New York

Country: U.S.A. Zip: 10119

- Association Citizenship _____
- General Partnership Citizenship _____
- Limited Partnership Citizenship _____
- Corporation Citizenship _____
- Other LLC Citizenship Delaware

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)

B. Trademark Registration No.(s)
3,031,851

Additional sheet(s) attached? Yes No

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

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

Name: Robert S. Stoll

Internal Address: _____

Street Address: Empire State Building

350 Fifth Avenue - Suite 4710

City: New York

State: New York Zip: 10118

Phone Number: (212) 738-0290

Fax Number: (212) 564-5131

Email Address: _____

6. Total number of applications and registrations involved: 1

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 _____
Expiration Date _____

b. Deposit Account Number 19-4514

Authorized User Name Robert S. Stoll

9. Signature: _____

Signature

February 21, 2006

Date

Robert S. Stoll

Name of Person Signing

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

Documents to be recorded (including cover sheet) should be faxed to (571) 273-0140, or mailed to:
Mail Stop Assignment Recordation Services, Director of the USPTO, P.O. Box 1450, Alexandria, VA 22314-1450

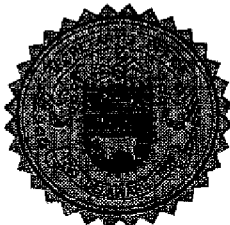
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Delaware

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The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF AMENDMENT OF "MELLON CONSULTANTS, LLC", CHANGING ITS NAME FROM "MELLON CONSULTANTS, LLC" TO "BUCK CONSULTANTS, LLC", FILED IN THIS OFFICE ON THE TWENTY-SIXTH DAY OF MAY, A.D. 2005, AT 10:01 O'CLOCK A.M.



2726054 8100

050459107

Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 3919250

DATE: 06-01-05

TRADEMARK

REEL: 003263 FRAME: 0516

MAY. 26. 2005 10:02AM

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NO. 6474 P. 2

State of Delaware
Secretary of State
Division of Corporations
Delivered 10:01 AM 05/26/2005
FILED 10:01 AM 05/26/2005
SRV 050437065 - 2726054 FILE

STATE OF DELAWARE CERTIFICATE OF AMENDMENT

1. Name of Limited Liability Company: Mellon Consultants, LLC

2. The Certificate of Formation of the limited liability company is hereby amended as follows: the name of the limited liability company is Buck Consultants, LLC

IN WITNESS WHEREOF, the undersigned have executed this Certificate on
the 26th day of May, A.D. 2005.

By: Wayne R. Lewis
Authorized Person(s)

Name: Wayne R. Lewis
Print or Type