

**TRADEMARK ASSIGNMENT**

Electronic Version v1.1  
 Stylesheet Version v1.1

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	MERGER
EFFECTIVE DATE:	06/28/2006

**CONVEYING PARTY DATA**

Name	Formerly	Execution Date	Entity Type
Circum Corporation		06/28/2006	CORPORATION: PENNSYLVANIA

**RECEIVING PARTY DATA**

Name:	Philadelphia Direct, LLC
Street Address:	400 N. Broad Street
City:	Philadelphia
State/Country:	PENNSYLVANIA
Postal Code:	19101
Entity Type:	LIMITED LIABILITY COMPANY: PENNSYLVANIA

**PROPERTY NUMBERS Total: 1**

Property Type	Number	Word Mark
Registration Number:	2118548	PHILADELPHIA DIRECT

**CORRESPONDENCE DATA**

Fax Number: (215)575-7200  
*Correspondence will be sent via US Mail when the fax attempt is unsuccessful.*  
 Phone: (215) 575-7000  
 Email: tmconfirm@dilworthlaw.com  
 Correspondent Name: John W. Goldschmidt, Jr.  
 Address Line 1: 1735 Market Street  
 Address Line 2: 3200 Mellon Bank Center  
 Address Line 4: Philadelphia, PENNSYLVANIA 19103-7595

NAME OF SUBMITTER:	John W. Goldschmidt, Jr. Reg. No. 34,828
Signature:	/John W. Goldschmidt, Jr./
Date:	07/19/2006

OP \$40.00 2118548

**Total Attachments: 7**

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**PENNSYLVANIA DEPARTMENT OF STATE  
CORPORATION BUREAU**

**Certificate of Merger or Consolidation  
Limited Liability Company  
(15 Pa. C.S. § 8958)**

Name	
Address	<b>CT CORP-COUNTER</b>
City	

Document will be returned to the name and address you enter to the left.

**COPY**

Fee: \$150 plus \$40 additional for each party in addition to two

In compliance with the requirements of the 15 Pa.C.S. § 8958 (relating to articles of merger or consolidation), the undersigned limited liability company(s), desiring to effect a merger or consolidation, hereby state that:

1. The name of the limited liability company surviving the merger or consolidation is:  
**PHILADELPHIA DIRECT, LLC**

2. Check and complete one of the following:

The surviving limited liability company is a domestic limited liability company and the (a) address of its current registered office in this Commonwealth or (b) name of its commercial registered office provider and the county of venue is (the Department is hereby authorized to correct the following information to conform to the records of the Department):

(a) Number and Street	City	State	Zip	County
1735 MARKET STREET, 3200 MELLON BANK CENTER,	PHILADELPHIA, PA	PA	19103-7595	PHILADELPHIA

(b) Name of Commercial Registered Office Provider \_\_\_\_\_ County \_\_\_\_\_

c/o: \_\_\_\_\_

The surviving limited liability company is a qualified foreign limited liability company formed under the laws of \_\_\_\_\_ and the (a) address of its current registered office in this Commonwealth or (b) name of its commercial registered office provider and the county of venue is (the Department is hereby authorized to correct the following information to conform to the records of the Department):

(a) Number and Street	City	State	Zip	County

(b) Name of Commercial Registered Office Provider \_\_\_\_\_ County \_\_\_\_\_

c/o: \_\_\_\_\_

The surviving limited liability company is a nonqualified foreign limited liability company formed under the laws of \_\_\_\_\_ and the address of its principal office under the laws of such domiciliary jurisdiction is:

Number and Street	City	State	Zip

JUN 20 11 41 AM '19  
 PHILADELPHIA

3. The name and the address of the current registered office in this Commonwealth or name of its commercial registered office provider and the county of venue of each other domestic ~~limited liability company and qualified foreign limited liability company~~ <sup>corporation</sup> which is a party to the plan of merger or consolidation are as follows:

Name	Registered Office Address	Commercial Registered Office Provider	County
CIRCOM CORPORATION	C/O CT CORPORATION SYSTEM		PHILADELPHIA

4. Check, and if appropriate complete, one of the following:

The plan of merger or consolidation shall be effective upon filing these Articles of Merger in the Department of State.

The plan of merger or consolidation shall be effective on: \_\_\_\_\_ at \_\_\_\_\_.

Date                  Hour

5. The manner in which the plan of merger or consolidation was adopted by each domestic limited liability company is as follows:

Name of Limited Liability Company	Manner of Adoption
CIRCOM CORPORATION	ADOPTED BY THE DIRECTORS AND SHAREHOLDERS
PHILADELPHIA DIRECT, LLC	ADOPTED BY THE MANAGER AND MEMBERS

6. ~~Strike out this paragraph if no foreign limited liability company is a party to the merger or consolidation:~~  
~~The plan was authorized, adopted or approved, as the case may be, by the foreign limited liability company (or each of the foreign limited liability companies) party to the plan in accordance with the laws of the jurisdiction in which it is organized.~~

7. Check, and if appropriate complete, one of the following:

The plan of merger or consolidation is set forth in full in Exhibit A attached hereto and made a part hereof.

Pursuant to 15 Pa.C.S. § 8958 (b) (relating to omission of certain provisions of plan of merger or consolidation) the provisions, if any, of the plan of merger or consolidation that amend or constitute the operative Certificate of Organization of the surviving limited liability company as in effect subsequent to the effective date of the plan are set forth in full in Exhibit A attached hereto and made a part hereof. The full text of the plan of merger or consolidation is on file at the principal place of business of the surviving limited liability company, the address of which is:

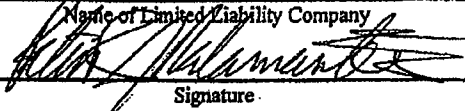
1735 MARKET ST., 3200 MELLON BANK CENTER, PHILA., PA 19103-7595	PHILADELPHIA
Number and street	City                  State                  Zip                  County

IN TESTIMONY WHEREOF, the undersigned limited liability company has caused this Certificate of Merger or Consolidation to be signed by a duly authorized member or manager thereof this

28 day of JUNE, 2006.

PHILADELPHIA DIRECT, LLC

~~Name of Limited Liability Company~~



Signature

Patrick J. Talamantes, Manager

Title

CIRCOM CORPORATION

~~Name of Limited Liability Company CORPORATION~~



Signature

Patrick J. Talamantes, President

Title

Docketing Statement (Changes)  
DSCB:15-134B

**BUREAU USE ONLY:**

Revenue  Labor & Industry

Other \_\_\_\_\_

File Code \_\_\_\_\_ Filed Date \_\_\_\_\_

**Part I. Complete for each filing:**

Current name of entity or registrant (*survivor or new entity if merger or consolidation*):

PHILADELPHIA DIRECT, LLC

Entity number, if known: \_\_\_\_\_

Incorporation/qualification date in PA: \_\_\_\_\_

State of Inc: PA

Federal EIN: 20-5024339

Specified effective date, if any: \_\_\_\_\_

**Part II. Check proper box:**

Amendment (complete Section A)  Merger, Consolidation or Division (complete Section B,C or D)

Consolidation (complete Section C)  Division (complete Section D)

Conversion (complete Section A & E)  Correction (complete Section A)

Termination (complete Section H)  Revival (complete Section G)

Dissolution before Commencement of Business (complete Section F)

**Section A** - Check box(es) which pertain to changes:

\_\_\_\_ Name:

\_\_\_\_ Registered Office: Number & street/RD number & box number City State Zip County

\_\_\_\_ Purpose:

\_\_\_\_ Stock (aggregate number of share authorized): \_\_\_\_\_ Effective date: \_\_\_\_\_

\_\_\_\_ Term of Existence: \_\_\_\_\_ Other: \_\_\_\_\_

**Section B - Merger** Complete Section A if any changes to surviving entity:

Merging Entities are: (*attach sheet for additional merging entities*)

Name:

CIRCOM CORPORATION

Entity #, if known:

726106

Effective date:

Inc./qual. date in PA.

State of Inc.

7/17/1981

Name:

Entity #, if known:

Effective date:

Inc./qual. date in PA.

State of Inc.

TRADEMARK

REEL: 003351 FRAME: 0126

PENNSYLVANIA DEPARTMENT OF STATE  
CORPORATION BUREAU

Entity Number

Certificate of Organization  
Domestic Limited Liability Company  
(15 Pa.C.S. § 8913)

Name

Address

CT CORP-COUNTER

Document will be returned to the  
name and address you enter to  
the left.



COPY

Fee: \$125

Filed in the Department of State on \_\_\_\_\_

Secretary of the Commonwealth

In compliance with the requirements of 15 Pa.C.S. § 8913 (relating to certificate of organization), the undersigned desiring to organize a limited liability company, hereby certifies that:

1. The name of the limited liability company (*designator is required, i.e., "company", "limited" or "limited liability company" or abbreviation*):  
PHILADELPHIA DIRECT, LLC

2. The (a) address of the limited liability company's initial registered office in this Commonwealth or (b) name of its commercial registered office provider and the county of venue is:

(a) Number and Street	City	State	Zip	County
1735 MARKET STREET, 3200 MELLON BANK CENTER,	PHILA.,	PA	19103-7595	PHILADELPHIA

(b) Name of Commercial Registered Office Provider \_\_\_\_\_  
c/o: \_\_\_\_\_ County \_\_\_\_\_

3. The name and address, including street and number, if any, of each organizer is (*all organizers must sign on page 2*):

Name	Address
MELINDA ANDERSON	WILSON SONSINI GOODRICH & ROSATI 1301 AVENUE OF THE AMERICAS, 40TH FLOOR NEW YORK, NY 10019-6022

PA Dept of State  
2016 JUN 26 PM 4:19

4. *Strike out if inapplicable term*

A member's interest in the company is to be evidenced by a certificate of membership interest.

5. *Strike out if inapplicable:*

Management of the company is vested in a manager or managers.


6. The specified effective date, if any is: \_\_\_\_\_  
month date year hour, if any

7. *Strike out if inapplicable:* ~~The company is a restricted professional company organized to render the following restricted professional service(s):~~

8. For additional provisions of the certificate, if any, attach an 8½ x 11 sheet.

IN TESTIMONY WHEREOF, the organizer(s) has (have) signed this Certificate of Organization this

28 day of JUNE, 2006



Signature

MELINDA A. ANDERSON

Signature

Signature



Docketing Statement DSCB:15-134A (Rev 2001)  
Departments of State and Revenue

One (1) copy required

**BUREAU USE ONLY:**

Dept. of State Entity # \_\_\_\_\_

Dept. of Rev. Box # \_\_\_\_\_

Filing Period \_\_\_\_\_ Date 3 4 5 \_\_\_\_\_

SIC/NAICS \_\_\_\_\_ Report Code \_\_\_\_\_

*Check proper box:*

*Pennsylvania Entities*

- business stock
- business non-stock
- professional
- nonprofit stock
- nonprofit non-stock
- statutory close
- management
- cooperative
- insurance
- limited liability company
- restricted professional
- limited liability company
- business trust

*Foreign Entities*

State/Country \_\_\_\_\_ Date \_\_\_\_\_

- business
- nonprofit
- limited liability company
- restricted professional
- limited liability company
- business trust

*Other*

- domestication
- division
- consolidation

1. Entity Name:  
PHILADELPHIA DIRECT, LLC

2. Individual name and mailing address responsible for initial tax reports:

MICHAEL S. MILLER 400 NORTH BROAD STREET, PHILA., PA 19130-4015

Name Number and street City State Zip

3. Description of business activity:  
TELEMARKETING

4. Specified effective date, if any:

UPON FILING

month/day/year hour, if any

5. EIN (Employer Identification Number), if any:

20-5024339

6. Fiscal Year End:  
LAST SUNDAY IN DECEMBER

7. Fictitious Name (only if foreign corporation is transacting business in PA under a fictitious name):