

TRADEMARK ASSIGNMENT

Electronic Version v1.1
 Stylesheet Version v1.1

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	CHANGE OF NAME		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
HumanArc Corporation of Ohio		09/01/2006	CORPORATION: OHIO
RECEIVING PARTY DATA			
Name:	Human Arc Corporation of Ohio		
Street Address:	1457 East 40th Street		
City:	Cleveland		
State/Country:	OHIO		
Postal Code:	44103		
Entity Type:	CORPORATION: OHIO		
PROPERTY NUMBERS Total: 1			
Property Type	Number	Word Mark	
Serial Number:	78384425	HUMANARC	
CORRESPONDENCE DATA			
Fax Number:	(513)698-5079		
	<i>Correspondence will be sent via US Mail when the fax attempt is unsuccessful.</i>		
Phone:	513-698-5078		
Email:	mmarrero@ulmer.com		
Correspondent Name:	Michael A. Marrero		
Address Line 1:	600 Vine Street		
Address Line 4:	Cincinnati, OHIO 45202-2409		
ATTORNEY DOCKET NUMBER:	14503-0001		
NAME OF SUBMITTER:	MICHAEL A. MARRERO		
Signature:	/MICHAEL A. MARRERO/		
Date:	10/27/2006		

CH \$40.00 78384425

Total Attachments: 4

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DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
09/20/2006	200626300924	DOMESTIC/AMENDMENT TO ARTICLES (AMD)	50.00	00	00	00	00

Receipt

This is not a bill. Please do not remit payment.

ULMER & BERNE LLP
ATTN: LISA DREW
1600 W. 2ND ST., STE 1100
CLEVELAND, OH 44113

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, J. Kenneth Blackwell

648662

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

HUMAN ARC CORPORATION OF OHIO

and, that said business records show the filing and recording of:

Document(s)

DOMESTIC/AMENDMENT TO ARTICLES

Document No(s):

200626300924



United States of America
State of Ohio
Office of the Secretary of State

Witness my hand and the seal of
the Secretary of State at Columbus,
Ohio this 19th day of September,
A.D. 2006.

J. Kenneth Blackwell
Ohio Secretary of State



Prescribed by **J. Kenneth Blackwell**

Ohio Secretary of State
Central Ohio: (614) 466-3910
Toll Free: 1-877-SOS-FILE (1-877-767-3453)

www.state.oh.us/sos
e-mail: busserv@sos.state.oh.us

Expedite this Form: (Select One)	
Mail Form to one of the Following:	
<input type="radio"/> Yes	PO Box 1390 Columbus, OH 43216 *** Requires an additional fee of \$100 ***
<input type="radio"/> No	PO Box 1028 Columbus, OH 43216

**Certificate of Amendment by
Shareholders or Members
(Domestic)
Filing Fee \$50.00**

(CHECK ONLY ONE (1) BOX)

(1) Domestic for Profit <input type="checkbox"/> Amended (122-AMAP)	<input checked="" type="checkbox"/> Amendment (125-AMDS)	(2) Domestic Non-Profit <input type="checkbox"/> Amended (126-AMAN)	<input type="checkbox"/> Amendment (128-AMD)
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Complete the general information in this section for the box checked above.

Name of Corporation: HumanArc Corporation of Ohio

Charter Number: 648662

Name of Officer: Michael J Baird

Title: President and Chief Executive Officer

Please check if additional provisions attached.

The above named Ohio corporation, does hereby certify that:

A meeting of the shareholders members was duly called and held on _____ (Date)

at which meeting a quorum was present in person or by proxy, based upon the quorum present, an affirmative vote was cast which entitled them to exercise _____ % as the voting power of the corporation.

In a writing signed by all of the shareholders members who would be entitled to the notice of a meeting or such other proportion not less than a majority as the articles of regulations or bylaws permit.

Clause applies if amended box is checked.

Resolved, that the following amended articles of incorporations be and the same are hereby adopted to supercede and take the place of the existing articles of incorporation and all amendments thereto.

All of the following information must be completed if an amended box is checked.
 If an amendment box is checked, complete the areas that apply.

FIRST: The name of the corporation is: Human Arc Corporation of Ohio

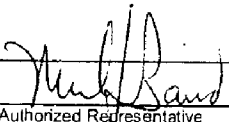
SECOND: The place in the State of Ohio where its principal office is located is in the City of:

 (city, village or township) (county)

THIRD: The purposes of the corporation are as follows:

FOURTH: The number of shares which the corporation is authorized to have outstanding is: _____
 (Does not apply to box (2))

REQUIRED
 Must be authenticated
 (signed) by an authorized
 representative
 (See Instructions)



 Authorized Representative
 Michael J. Baird

9-01-06

 Date

 Authorized Representative

 Date

 Authorized Representative

 Date



Prescribed by **J. Kenneth Blackwell**

Ohio Secretary of State
Central Ohio (614) 466-3910

Toll Free: 1-877-SOS-FILE (1-877-767-3453)

www.state.oh.us/sos
e-mail: bussenr@sos.state.oh.us

CONSENT FOR USE OF SIMILAR NAME

(For Domestic / Foreign, Profit or Non-Profit)
Must Be Accompanied By Another Form

THE UNDERSIGNED DESIRING TO FILE A:

(CHECK ONLY ONE (1) BOX) This filing does not extend the registration period

<input checked="" type="checkbox"/> Where consenting entity is a corporation (147-CSC)	Where consenting entity is a <input type="checkbox"/> Trade Name <input type="checkbox"/> Service Mark <input type="checkbox"/> Trade Mark (149-CSN)	Where consenting entity is a <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Partnership Having Limited Liability (148-CSL)
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Check here if additional provisions are attached

Charter or Registration No. of Entity Giving Consent: 648662

Name of Entity Giving Consent: HumanArc Corporation of Ohio

Gives Its Consent To: HumanArc Corporation of Ohio

To Use The Name: Human Arc Corporation of Ohio

REQUIRED
Must be authenticated (signed) by an authorized representative

September 18, 2006
 Authorized Representative Date
 By: Michael J. Blackwell, President CEO, Chairman

Authorized Representative Date

If the consenting party is a partnership, all general partners must sign. If only one partner is authorized to sign, a copy of the resolution authorizing the signature must be included.