

**TRADEMARK ASSIGNMENT**

Electronic Version v1.1  
 Stylesheet Version v1.1

<b>SUBMISSION TYPE:</b>	NEW ASSIGNMENT		
<b>NATURE OF CONVEYANCE:</b>	Corrective Merger to correct Merger recorded at Reel/Frame 3267/0493. Delete Registration Number 1536215.		
<b>CONVEYING PARTY DATA</b>			
<b>Name</b>	<b>Formerly</b>	<b>Execution Date</b>	<b>Entity Type</b>
Frontstep Solutions Group, Inc.		05/31/2005	CORPORATION: OHIO
<b>RECEIVING PARTY DATA</b>			
<b>Name:</b>	Frontstep, Inc.		
<b>Street Address:</b>	2800-T Corporate Exchange Drive		
<b>Internal Address:</b>	Suite 400		
<b>City:</b>	Columbus		
<b>State/Country:</b>	OHIO		
<b>Postal Code:</b>	43231		
<b>Entity Type:</b>	CORPORATION: OHIO		
<b>PROPERTY NUMBERS Total: 1</b>			
<b>Property Type</b>	<b>Number</b>	<b>Word Mark</b>	
Registration Number:	1536216	DISTRIBUTION ARCHITECTS	
<b>CORRESPONDENCE DATA</b>			
<b>Fax Number:</b>	(215)832-5347		
	<i>Correspondence will be sent via US Mail when the fax attempt is unsuccessful.</i>		
<b>Phone:</b>	215-569-5347		
<b>Email:</b>	aria@blankrome.com		
<b>Correspondent Name:</b>	Zachary A. Aria		
<b>Address Line 1:</b>	One Logan Square		
<b>Address Line 2:</b>	9th Floor		
<b>Address Line 4:</b>	Philadelphia, PENNSYLVANIA 19103-6998		
<b>ATTORNEY DOCKET NUMBER:</b>	119645-00104		
<b>NAME OF SUBMITTER:</b>	Zachary A. Aria		
<b>Signature:</b>	/Zachary A. Aria/		

CH \$40.00 1536216

Date:

01/16/2007

**Total Attachments: 12**

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**TRADEMARK ASSIGNMENT**

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SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	MERGER
EFFECTIVE DATE:	05/31/2005

**CONVEYING PARTY DATA**

Name	Formerly	Execution Date	Entity Type
Frontstep Solutions Group, Inc.		05/31/2005	CORPORATION: OHIO

**RECEIVING PARTY DATA**

Name:	Frontstep, Inc.
Street Address:	2800-T Corporate Exchange Drive
Internal Address:	Suite 400
City:	Columbus
State/Country:	OHIO
Postal Code:	43231
Entity Type:	CORPORATION: OHIO

**PROPERTY NUMBERS Total: 12**

Property Type	Number	Word Mark
Registration Number:	2378262	ACTIVEFILE
Registration Number:	1536215	AGEMA
Registration Number:	1984034	DA
Registration Number:	2639050	
Registration Number:	1536216	DISTRIBUTION ARCHITECTS
Registration Number:	1501065	FACTOR
Registration Number:	2636195	FRONTSTEP
Registration Number:	2350110	PUTTING YOUR CUSTOMERS FIRST
Registration Number:	1611920	SYMIX
Registration Number:	2350217	SYMIX
Registration Number:	2355181	SYTEAPS
Registration Number:	2594594	SYTECENTRE

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**TRADEMARK**  
 REEL: 003267 FRAME: 0493

**TRADEMARK**  
 REEL: 003461 FRAME: 0120

CORRESPONDENCE DATA

Fax Number: (215)832-5337  
*Correspondence will be sent via US Mail when the fax attempt is unsuccessful.*  
Phone: 215-569-5337  
Email: casey@blankrome.com  
Correspondent Name: Lisa Casey Spaniel  
Address Line 1: One Logan Square  
Address Line 2: 9th Floor  
Address Line 4: Philadelphia, PENNSYLVANIA 19103-6998

ATTORNEY DOCKET NUMBER:	119645-00102
NAME OF SUBMITTER:	Lisa Casey Spaniel
Signature:	/Lisa Casey Spaniel/
Date:	03/14/2006

Total Attachments: 10  
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TRADEMARK  
REEL: 003267 FRAME: 0494

TRADEMARK  
REEL: 003461 FRAME: 0121



DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
08/01/2005	200515200200	MERGER/DOMESTIC (MER)	125.00	100.00	.00	.00	.00

**Receipt**

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

C.T. CORPORATION SYSTEM  
17 S. HIGH STREET  
COLUMBUS, OH 43215

# STATE OF OHIO CERTIFICATE

Ohio Secretary of State, J. Kenneth Blackwell

626239

It is hereby certified that the Secretary of State of Ohio has custody of the business records for  
**FRONTSTEP, INC.**

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

Document(s)  
**MERGER/DOMESTIC**

Document No(s):  
**200515200200**



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 31st day of May, A.D.  
2005.

*J. Kenneth Blackwell*  
Ohio Secretary of State

DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
06/01/2005	200515200200	MERGED OUT OF EXISTENCE (MEX)	.00	.00	.00	.00	.00

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

C.T. CORPORATION SYSTEM  
17 S. HIGH STREET  
COLUMBUS, OH 43215

**STATE OF OHIO  
CERTIFICATE**  
Ohio Secretary of State, J. Kenneth Blackwell

1092228

It is hereby certified that the Secretary of State of Ohio has custody of the business records for  
**FRONTSTEP DISTRIBUTION.COM, INC.**  
and, that said business records show the filing and recording of:

Document(s)  
**MERGED OUT OF EXISTENCE**

Document No(s):  
**200515200200**



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 31st day of May, A.D.  
2005.

*J. Kenneth Blackwell*  
Ohio Secretary of State

DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
05/01/2005	200515200200	MERGED OUT OF EXISTENCE (MEX)	.00	.00	.00	.00	.00

**Receipt**

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

C.T. CORPORATION SYSTEM  
17 S. HIGH STREET  
COLUMBUS, OH 43215

# STATE OF OHIO CERTIFICATE

Ohio Secretary of State, J. Kenneth Blackwell

762996

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

**FRONTSTEP SOLUTIONS GROUP, INC.**

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

Document(s)

**MERGED OUT OF EXISTENCE**

Document No(s):

**200515200200**



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 31st day of May, A.D.  
2005.

*J. Kenneth Blackwell*  
Ohio Secretary of State



Prescribed by **J. Kenneth Blackwell**

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

Expedite This Form: (noted Date)	
<input type="radio"/> Yes	PO Box 1990 Columbus, OH 43216 <small>*** Requires an additional fee of \$100 ***</small>
<input type="radio"/> No	PO Box 1828 Columbus, OH 43216

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

**CERTIFICATE OF MERGER**  
(For Domestic or Foreign, Profit or Non-Profit)  
Filing Fee \$126.00  
(134-MC)

In accordance with the requirements of Ohio law, the undersigned corporations, banks, savings banks, savings and loan, limited liability companies, limited partnerships and/or partnerships with limited liability, desiring to effect a merger, set forth the following facts:

**I. SURVIVING ENTITY**

A. The name of the entity surviving the merger is:

Frostatep, Inc.

B. Name Change: As a result of this merger, the name of the surviving entity has been changed to the following:

\_\_\_\_\_  
(Complete only if name of surviving entity is changing through the merger)

C. The surviving entity is a: (Please check the appropriate box and fill in the appropriate blanks)

Domestic (Ohio) For-Profit Corporation, charter number 626219

Domestic (Ohio) Non-Profit Corporation, charter number \_\_\_\_\_

Foreign (Non-Ohio) Corporation incorporated under the laws of the state/country of \_\_\_\_\_ and licensed to transact business in the State of Ohio under license number \_\_\_\_\_

Foreign (Non-Ohio) Corporation incorporated under the laws of the state/country of \_\_\_\_\_ and NOT licensed to transact business in the state of Ohio.

Domestic (Ohio) Limited Liability Company, with registration number \_\_\_\_\_

Foreign (Non-Ohio) Limited Liability Company organized under the laws of the state/country of \_\_\_\_\_ and registered to do business in the State of Ohio under registration number \_\_\_\_\_

Foreign (Non-Ohio) Limited Liability Company organized under the laws of the state/country of \_\_\_\_\_ and NOT registered to do business in the State of Ohio.

Domestic (Ohio) Limited Partnership, with registration number \_\_\_\_\_

Foreign (Non-Ohio) Limited Partnership organized under the laws of the state/country of \_\_\_\_\_ and registered to do business in the state of Ohio under registration number \_\_\_\_\_



- Foreign (Non-Ohio) Limited Partnership organized under the laws of the state/country of \_\_\_\_\_ and NOT registered to do business in the state of Ohio.
- Domestic (Ohio) Partnership having limited liability, with the registration number \_\_\_\_\_
- Foreign (Non-Ohio) Partnership having limited liability organized under the laws of the state/country of \_\_\_\_\_ and registered to do business in the state of Ohio under registration number \_\_\_\_\_
- Foreign (Non-Ohio) Non-Profit Incorporation under the laws of the state/country of \_\_\_\_\_ and licensed to transact business in the state of Ohio under license number \_\_\_\_\_
- Foreign (Non-Ohio) Non-Profit Incorporation under the laws of the state/country of \_\_\_\_\_ and not licensed to transact business in the state of Ohio.
- General partnership not registered with the state of Ohio

**II. MERGING ENTITY**

The name, charter/license/registration number, type of entity, state/country of incorporation or organization, respectively, of which is the entities merging out of existence are as follows: (if this is insufficient space to reflect all merging entities, please attach a separate sheet listing the merging entities)

Name / charter, license or registration number	State/Country of Organization	Type of Entity
Frontstep distribution.com, Inc. / 1092228	Ohio / USA	For-profit Corp.
Frontstep Solutions Group, Inc. / 762996	Ohio / USA	For-profit Corp.

**III. MERGER AGREEMENT ON FILE**

The name and mailing address of the person or entity from whom/which eligible persons may obtain a copy of the agreement of merger upon written request:

Jeremy Veit 555 California Street, Suite 2700  
(name) (street) NOTE: P.O. Box Addresses are NOT acceptable.  
 San Francisco CA 94104  
(city, village or township) (state) (zip code)

**IV. EFFECTIVE DATE OF MERGER**

This merger is to be effective on: May 31, 2005 (if a date is specified, the date must be a date on or after the date of filing; the effective date of the merger cannot be earlier than the date of filing, if no date is specified, the date of filing will be the effective date of the merger).

**V. MERGER AUTHORIZED**

The laws of the state or country under which each constituent entity exists, permits this merger. This merger was adopted, approved and authorized by each of the constituent entities in compliance with the laws of the state under which it is organized, and the persons signing this certificate on behalf of each of the constituent entities are duly authorized to do so.

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VI. STATUTORY AGENT

The name and address of the surviving entity's statutory agent upon whom any process, notice or demand may be served is:

(name) \_\_\_\_\_ (street) NOTE: P.O. Box Addresses are NOT acceptable. \_\_\_\_\_, Ohio \_\_\_\_\_  
(city, village or township) (zip code)

(This item MUST be completed if the surviving entity is a foreign entity which is not licensed, registered or otherwise authorized to conduct business in the state of Ohio)

VII. ACCEPTANCE OF AGENT

The undersigned, named herein as the statutory agent for the above referenced surviving entity, hereby acknowledges and accepts the appointment of statutory agent for said entity.

Signature of Agent \_\_\_\_\_

(The acceptance of agent must be completed by the surviving entities if through this merger the statutory agent has changed, or the named agent differs in any way from the name currently on record with the Secretary of State.)

VIII. STATEMENT OF MERGER

Upon filing, or upon such later date as specified herein, the merging entity/entities listed herein shall merge into the listed surviving entity

IX. AMENDMENTS

The articles of incorporation, articles of organization, certificate of limited partnership or registration of partnership having limited liability (circle appropriate term) of the surviving domestic entity have been amended.

Attachments are provided  No Changes

X. QUALIFICATION OR LICENSURE OF FOREIGN SURVIVING ENTITY

A. The listed surviving foreign corporation, bank, savings bank, savings and loan, limited liability company, limited partnership, or partnership having limited liability desires to transact business in Ohio as a foreign corporation, bank, savings bank, savings and loan, limited liability company, limited partnership, or partnership having limited liability, and hereby appoints the following as its statutory agent upon whom process, notice or demand against the entity may be served in the state of Ohio. The name and complete address of the statutory agent is:

(name) \_\_\_\_\_ (street) NOTE: P.O. Box Addresses are NOT acceptable. \_\_\_\_\_, Ohio \_\_\_\_\_  
(city, village or township) (zip code)

The subject surviving foreign corporation, bank, savings bank, savings and loan, limited liability company, limited partnership, or partnership having limited liability irrevocably consents to service of process on the statutory agent listed above as long as the authority of the agent continues, and to service of process upon the Secretary of State of Ohio if the agent cannot be found, if the corporation, bank, savings bank, savings and loan, limited liability company, limited partnership, or partnership having limited liability fails to designate another agent when required to do so, or if the foreign corporation's, bank's, savings bank's, savings and loan's, limited liability company's, limited partnership's or partnership having limited liability's license or registration to do business on Ohio expires or is canceled.

B. The qualifying entity also states as follows: (Complete only if applicable)

1. Foreign Notice Under Section 1783.031

(If the qualifying entity is a foreign bank, savings bank, or savings and loan, then the following information must be completed.)

(a.) The name of the Foreign Nationality/Federally chartered bank, savings bank, or savings and loan association is \_\_\_\_\_

(b.) The name(s) of any Trade Name(s) under which the corporation will conduct business: \_\_\_\_\_

(c.) The location of the main office (non-Ohio) shall be:

(street address) \_\_\_\_\_ NOTE: P.O. Box Addresses are NOT acceptable.

(city, township, or village) \_\_\_\_\_ (county) \_\_\_\_\_ (state) \_\_\_\_\_ (zip code) \_\_\_\_\_

(d.) The principal office location in the state of Ohio shall be:

(street address) \_\_\_\_\_ NOTE: P.O. Box Addresses are NOT acceptable.

(city, township, or village) \_\_\_\_\_ (county) \_\_\_\_\_ Ohio \_\_\_\_\_ (state) \_\_\_\_\_ (zip code) \_\_\_\_\_

(Please note, if there will not be an office in the state of Ohio, please list none.)

(e.) The corporation will exercise the following purpose(s) in the state of Ohio: (Please provide a brief summary of the business to be conducted; a general clause is not sufficient) \_\_\_\_\_

2. Foreign Qualifying Limited Liability Company

(If the qualifying entity is a foreign limited liability company, the following information must be completed.)

(a.) The name of the limited liability company in its state of organization/registration is \_\_\_\_\_

(b.) The name under which the limited liability company desires to transact business in Ohio is \_\_\_\_\_

(c.) The limited liability company was organized or registered on \_\_\_\_\_ under the laws of the state/country of \_\_\_\_\_

(d.) The address to which interested persons may direct requests for copies of the articles of organization, operating agreement, bylaws, or other charter documents of the company is:

\_\_\_\_\_  
(street address) NOTE: P.O. Box Addresses are NOT acceptable.

\_\_\_\_\_  
(city, township, or village) (state) (zip code)

**3. Foreign Qualifying Limited Partnership**  
(If the qualifying entity is a foreign limited partnership, the following information must be completed).

(a.) The name of the limited partnership is

\_\_\_\_\_

(b.) The limited partnership was formed on \_\_\_\_\_

(c.) The address of the office of the limited partnership in its state/country of organization is:

\_\_\_\_\_  
(street address) NOTE: P.O. Box Addresses are NOT acceptable.

\_\_\_\_\_  
(city, township, or village) (county) (state) (zip code)

(d.) The limited partnership's principal office address is:

\_\_\_\_\_  
(street address) NOTE: P.O. Box Addresses are NOT acceptable.

\_\_\_\_\_  
(city, township, or village) (county) (state) (zip code)

(e.) The names and business or residence addresses of the General partners of the partnership are as follows:

Name	Address
_____	_____
_____	_____
_____	_____

(If insufficient space to cover this item, please attach a separate sheet listing the general partners and their respective addresses)

(f.) The address of the office where a list of the names and business or residence addresses of the limited partners and their respective capital contributions is to be maintained is:

\_\_\_\_\_  
(street address) NOTE: P.O. Box Addresses are NOT acceptable.

\_\_\_\_\_  
(city, township, or village) (county) (state) (zip code)

The limited partnership hereby certifies that it shall maintain said records until the registration of the limited partnership in Ohio is canceled or withdrawn.

4. Foreign Qualifying Partnership Having Limited Liability

(a.) The name of the partnership shall be \_\_\_\_\_

(b.) Please complete the following appropriate section (either item b(1) or b(2)):

(1.) The address of the partnership's principal office in Ohio is:

\_\_\_\_\_  
(street address) NOTE: P.O. Box Addresses are NOT acceptable.

\_\_\_\_\_, Ohio \_\_\_\_\_  
(city, village or township) (zip code)

(If the partnership does not have a principal office in Ohio, then items b2 must be completed)

(2.) The address of the partnership's principal office (Non-Ohio):

\_\_\_\_\_  
(street address) NOTE: P.O. Box Addresses are NOT acceptable.

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
(city, township, or village) (state) (zip code)

(c.) The name and address of a statutory agent for service of process in Ohio is as follows:

\_\_\_\_\_  
(name)

\_\_\_\_\_  
(street address) NOTE: P.O. Box Addresses are NOT acceptable.

\_\_\_\_\_, Ohio \_\_\_\_\_  
(city, village or township) (zip code)

(d.) Please indicate the state or jurisdiction in which the Foreign Limited Liability Partnership has been formed

\_\_\_\_\_  
(e.) The business which the partnership engages in is:

\_\_\_\_\_  
\_\_\_\_\_

The undersigned constituent entities have caused this certificate of merger to be signed by its duly authorized officers, partners and representatives on the date(s) stated below.

Frontstep Distribution Corp. Inc. (Exact name of entity)	Frontstep Solutions Group, Inc. (Exact name of entity)
By: <u>[Signature]</u>	By: <u>[Signature]</u>
Title: <u>Chief Executive Officer</u>	Title: <u>Chief Executive Officer</u>
Date: <u>May 31, 2005</u>	Date: <u>May 31, 2005</u>

Frontstep, Inc. (Exact name of entity)	
By: <u>[Signature]</u>	By: _____
Title: <u>Chief Executive Officer</u>	Title: _____
Date: <u>May 31, 2005</u>	Date: _____

(Exact name of entity)	(Exact name of entity)
By: _____	By: _____
Title: _____	Title: _____
Date: _____	Date: _____

(Exact name of entity)	(Exact name of entity)
By: _____	By: _____
Title: _____	Title: _____
Date: _____	Date: _____

(Exact name of entity)	(Exact name of entity)
By: _____	By: _____
Title: _____	Title: _____
Date: _____	Date: _____

CH996 - M1302 C T System Outline

RECORDED: 03/14/2006

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REEL: 003267 FRAME: 0504

RECORDED: 01/16/2007

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