

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
North American Benefits Network, Inc.		02/14/2006	CORPORATION: OHIO
RECEIVING PARTY DATA			
Name:	Meritain Health Network, Inc.		
Street Address:	300 Corporate Parkway		
City:	Amherst		
State/Country:	NEW YORK		
Postal Code:	14226		
Entity Type:	CORPORATION: OHIO		
PROPERTY NUMBERS Total: 3			
Property Type	Number	Word Mark	
Serial Number:	76353315	NABN	
Serial Number:	76476544	GATEWAY HEALTH MANAGEMENT SERVICES	
Serial Number:	73783592	DENTEMAX	
CORRESPONDENCE DATA			
Fax Number:	(212)492-0562		
	<i>Correspondence will be sent via US Mail when the fax attempt is unsuccessful.</i>		
Phone:	(212) 373-3562		
Email:	menakaplan@paulweiss.com, alee@paulweiss.com		
Correspondent Name:	Menachem Kaplan		
Address Line 1:	1285 Ave. of the Americas		
Address Line 4:	New York, NEW YORK 10019-6064		
ATTORNEY DOCKET NUMBER:	17004-001		
NAME OF SUBMITTER:	Menachem Kaplan		

CH \$90.00 76353315

Signature:

/Menachem Kaplan/

Date:

02/08/2007

Total Attachments: 3

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North American British Bank

Doc ID --> 200606000104



DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
03/01/2006	200606000104	DOMESTIC/AMENDMENT TO ARTICLES (AMD)	50.00	100.00	.00	.00	.00

Receipt

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

NSI
ATTN: TENA LUMPKINS
145 BAKER STREET
MARION, OH 43302

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, J. Kenneth Blackwell

733945

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

MERITAIN HEALTH NETWORK, INC.

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

Document(s)
DOMESTIC/AMENDMENT TO ARTICLES

Document No(s):
200606000104



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 17th day of February,
A.D. 2006.

J. Kenneth Blackwell
Ohio Secretary of State



Prescribed by J. Kenneth Blackwell

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

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

Expedite this Form: (check one)	
<input type="checkbox"/> No	
<input checked="" type="radio"/> Yes	PO Box 1599 Columbus, OH 43216 <small>Requires an additional fee of \$100</small>
<input type="radio"/> No	PO Box 1028 Columbus, OH 43216

**Certificate of Amendment by Directors
or Incorporators to Articles
(Domestic)
Filing Fee \$50.00**

(CHECK ONLY ONE (1) BOX)

<input checked="" type="checkbox"/> (1) Amendment by Directors <input type="checkbox"/> Amended by Directors (123-AMOD)	<input type="checkbox"/> (2) Amendment by Incorporators <input type="checkbox"/> Amended by Incorporators (124-AMOD)
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Complete the general information in this section for the box checked above.

Name of Corporation: North American Benefits Network, Inc.

Charter Number: 733945

Please check if additional provisions attached here to are incorporated herein and made a part of these articles of organization.

Complete the information in this section if box (1) is checked.

Name and Title of Officer: Andrew Balogh Senior Vice President
(Name) (Title)

(CHECK ONLY ONE (1) BOX)

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

In an writing signed by all the Directors pursuant to section 1701.54 of the ORC

The following resolution was adopted pursuant to section 1701.70(B) 6 of the ORC:
(Insert proper paragraph number)

"RESOLVED: That the Articles of Incorporation of North American Benefits Network, Inc. be amended to change the name of the Corporation to Meritain Health Network, Inc."

Complete the information in this section if box (7) is checked.

WE, the undersigned, being all of the incorporators of the above named corporation, do certify that the subscriptions to shares have not been received and the initial directors are not named in the articles. We hereby have elected to amend the articles as follows:

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

Andrea Balogh
Authorized Representative
Andrea Balogh, Senior Vice President
(Print Name)

2/14/06
Date

Authorized Representative
(Print Name)

Date

Authorized Representative
(Print Name)

Date