

TRADEMARK ASSIGNMENT

Electronic Version v1.1
 Stylesheet Version v1.1

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	CHANGE OF NAME
EFFECTIVE DATE:	12/29/2000

CONVEYING PARTY DATA

Name	Formerly	Execution Date	Entity Type
CONCENTREX INCORPORATED		12/29/2000	CORPORATION: OREGON

RECEIVING PARTY DATA

Name:	HARLAND FINANCIAL SOLUTIONS, INC.
Street Address:	400 SW SIXTH AVE.
City:	Portland
State/Country:	OREGON
Postal Code:	97204
Entity Type:	CORPORATION: OREGON

PROPERTY NUMBERS Total: 10

Property Type	Number	Word Mark
Registration Number:	1626723	APPLICATION MANAGER
Registration Number:	1710718	DEPOSIT PRO
Registration Number:	1845041	ENCORE
Registration Number:	2191251	GEO PRO
Registration Number:	1391462	LASER PRO
Registration Number:	1874579	LAWYER PRO
Registration Number:	1768600	PRO FORMS
Registration Number:	2288341	STARGATE/FX
Registration Number:	1450551	FLEXTRAN
Registration Number:	1458147	CULVERIN CORPORATION

CORRESPONDENCE DATA

Fax Number: (404)572-5100

CH \$265.00 1626723

Correspondence will be sent via US Mail when the fax attempt is unsuccessful.

Phone: 404 572 4600
Email: trademarks@kslaw.com,lsims@kslaw.com,vbantug@kslaw.com
Correspondent Name: Lisa Beyer Sims
Address Line 1: 1180 Peachtree Street
Address Line 4: Atlanta, GEORGIA 30309

ATTORNEY DOCKET NUMBER:	25300.019028
NAME OF SUBMITTER:	Lisa Beyer Sims
Signature:	/Lisa Beyer Sims/
Date:	02/20/2007

Total Attachments: 2
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CERTIFICATE

State of Oregon

OFFICE OF THE SECRETARY OF STATE
Corporation Division

I, **BILL BRADBURY**, Secretary of State of Oregon, and Custodian of the Seal of said State, do hereby certify:

That the attached Document File for:

HARLAND FINANCIAL SOLUTIONS, INC.

*is a true copy of the original documents
that have been filed with this office.*



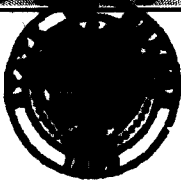
*In Testimony Whereof, I have hereunto set
my hand and affixed hereto the Seal of the
State of Oregon.*

BILL BRADBURY, Secretary of State

By *Debra L. Virag*

Debra L. Virag

November 7, 2006



Phone: (503) 836-2200
 Fax: (503) 379-4381
 Secretary of State
 Corporation Division
 265 Capital St. NE, Suite 151
 Salem, OR 97310-1327

Articles of Amendment—Business/Professional/Nonprofit

Check the appropriate box below:
 BUSINESS/PROFESSIONAL CORPORATION
 (Complete only 1, 2, 3, 4, 6, 7)
 NONPROFIT CORPORATION
 (Complete only 1, 2, 3, 5, 6, 7)

For office use only
FILED
 JAN - 4 2001
 OREGON
 SECRETARY OF STATE

Registry Number: 127019-18

Attach Additional Sheet if Necessary
 Please Type or Print Legibly in Black Ink

1) NAME OF CORPORATION PRIOR TO AMENDMENT Concentrex Incorporated

2) STATE THE ARTICLE NUMBER(S) AND SET FORTH THE ARTICLE(S) AS IT IS AMENDED TO READ. (Attach a separate sheet if necessary.)
Article I The name of this Corporation is Harland Financial Solutions, Inc., and its duration shall be perpetual.

3) THE AMENDMENT WAS ADOPTED ON: December 29, 2000
 (If more than one amendment was adopted, identify the date of adoption of each amendment.)

BUSINESS/PROFESSIONAL CORPORATION ONLY

4) CHECK THE APPROPRIATE STATEMENT

Shareholder action was required to adopt the amendment(s). The vote was as follows:

Class or series of shares	Number of shares outstanding	Number of votes entitled to be cast	Number of votes cast FOR	Number of votes cast AGAINST
Common	1000	1000	1000	0

Shareholder action was not required to adopt the amendment(s). The amendment(s) was adopted by the board of directors without shareholder action.

The corporation has not issued any shares of stock. Shareholder action was not required to adopt the amendment(s). The amendment(s) was adopted by the incorporators or by the board of directors.

NONPROFIT CORPORATION ONLY

5) CHECK THE APPROPRIATE STATEMENT

Membership approval was not required. The amendment(s) was approved by a sufficient vote of the board of directors or incorporators.

Membership approval was required. The membership vote was as follows:

Class(es) entitled to vote	Number of members entitled to vote	Number of votes entitled to be cast	Number of votes cast FOR	Number of votes cast AGAINST

6) EXECUTION
 Printed Name
John C. Walters

John C. Walters
 Signature Title
 Secretary

7) CONTACT NAME
Sarah King

DAYTIME PHONE NUMBER - INCLUDING AREA CODE
770-593-5426

FEES
 Make check for \$10 payable to "Corporation Division"
 NOTE: Filing fees may be paid with VISA or MasterCard. The card number and expiration date should be submitted on a separate sheet for your protection

CR113 (Rev. 12/99)
 (R01/0 1/3/2000 C T System Online)

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TOTAL F.E.E.

VOID IF ALTERED OR ERASED

VOID IF ALTERED OR ERASED