Form **PTO-1594** (Rev. 07/05)

OMB Collection 0651-0027 (exp. 6/30/2008)

1. Name of conveying party(ies):

RECORDATION FORM COVER SHEET TRADEMARKS ONLY

To the Director of the U. S. Patent and Trademark Office: Please record the attached documents or the new address(es) below.

202 659 8822

U.S. DEPARTMENT OF COMMERCE United States Patent and Trademark Office

2. Name and address of receiving party(ies)

OPEN PAYMENT TECHNOLOGIES, INC.	Additional names, addresses, or citizenship attached? 🔽 No
	Name: OPTICARD PAYMENT SERVICES, INC.
	Internal
Individual(s) Association	Address:
General Partnership Limited Partnership	Street Address: 16701 North 90th Street
Corporation- State: DELAWARE	City: Scottsdale
Other	State: ARIZONA
Citizenship (see guidelines)	Country: USA Zip: 85260
Additional names of conveying parties attached? Tyes X No	Association Citizenship
3. Nature of conveyance)/Execution Date(s) :	General Partnership Citizenship
Execution Date(s) 02/03/2006	Limited Partnership Citizenship
_	Corporation Citizenship DELAWARE
Assignment Merger	Other Citizenship
Security Agreement	If assignee is not domiciled in the United States, a domestic representative designation is attached: Yes No
Other	(Designations must be a separate document from assignment)
4. Application number(s) or registration number(s) an	l identification or description of the Trademark. B. Trademark Registration No.(s)
A. Trademark Application No.(\$)	2,499,107
	2,499,107
C. Montification or Description of Trademark(s) (and Filing	Additional sheet(s) attached? Yes . No
C. Identification or Description of Trademark(s) (and Filing	Additional sheet(s) attached? Yes . No
C. Identification or Description of Trademark(s) (and Filing	Additional sheet(s) attached? Yes . No
5. Name & address of party to whom correspondence	Additional sheet(s) attached? Yes No Date if Application or Registration Number is unknown): 6. Total number of applications and
5. Name & address of party to whom correspondence concerning document should be mailed:	Additional sheet(s) attached? Yes No Date if Application or Registration Number is unknown):
5. Name & address of party to whom correspondence concerning document should be mailed: Name: Bradford Kile	Additional sheet(s) attached? Yes No Date if Application or Registration Number is unknown): 6. Total number of applications and registrations involved:
5. Name & address of party to whom correspondence concerning document should be mailed:	Additional sheet(s) attached? Yes No Date if Application or Registration Number is unknown): 6. Total number of applications and registrations involved: 1 7. Total fee (37 CFR 2.6(b)(6) & 3.41) \$40
5. Name & address of party to whom correspondence concerning document should be mailed: Name: <u>Bradford Kite</u> Internal Address: <u>Suite 570</u>	Additional sheet(s) attached? Yes No Date if Application or Registration Number is unknown): 6. Total number of applications and registrations involved: 1 7. Total fee (37 CFR 2.6(b)(6) & 3.41) \$40 Authorized to be charged by credit card
5. Name & address of party to whom correspondence concerning document should be mailed: Name: Bradford Kile	Additional sheet(s) attached? Yes No Date if Application or Registration Number is unknown): 6. Total number of applications and registrations involved: 7. Total fee (37 CFR 2.6(b)(6) & 3.41) \$40 Authorized to be charged by credit card Authorized to be charged to deposit account
5. Name & address of party to whom correspondence concerning document should be mailed: Name: <u>Bradford Kite</u> Internal Address: <u>Suite 570</u>	Additional sheet(s) attached? Yes No Date if Application or Registration Number is unknown): 6. Total number of applications and registrations involved: 1 7. Total fee (37 CFR 2.6(b)(6) & 3.41) \$40 Authorized to be charged by credit card Authorized to be charged to deposit account Enclosed
5. Name & address of party to whom correspondence concerning document should be mailed: Name: <u>Bradford Kite</u> Internal Address: <u>Suite 570</u>	Additional sheet(s) attached? Yes No Date if Application or Registration Number is unknown): 6. Total number of applications and registrations involved: 7. Total fee (37 CFR 2.6(b)(6) & 3.41) \$40 Authorized to be charged by credit card Authorized to be charged to deposit account Enclosed 8. Payment Information:
5. Name & address of party to whom correspondence concerning document should be mailed: Name: Bradford Kile Internal Address: Suite 570 Street Address: 1200 New Hampshire Ave	Additional sheet(s) attached? Yes No Date if Application or Registration Number is unknown): 6. Total number of applications and registrations involved: 1 7. Total fee (37 CFR 2.6(b)(6) & 3.41) \$40 Authorized to be charged by credit card Authorized to be charged to deposit account Enclosed



The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF AMENDMENT OF "OPEN PAYMENT TECHNOLOGIES, INC.", CHANGING ITS NAME FROM "OPEN PAYMENT TECHNOLOGIES, INC." TO "OPTICARD PAYMENT SERVICES, INC.", FILED IN THIS OFFICE ON THE THIRD DAY OF FEBRUARY, A.D. 2006, AT 1:28 O'CLOCK P.M.

070426958



Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 5588090

DATE: 04-12-07

TRADEMARK REEL: 003525 FRAME: 0163 Feb-03-2006 01:44pm

From-DAVID WILLIAMS LAW FIRM PA

302-575-6925

202 659 8822

P.03

P.002/002 F-315 T-628

Feb-03-2005 12:31em From-DAVID WILLIAMS LAW FIRM PA

302-575-0925

T-623 P.002/002 F-938

CERTIFICATE OF AMENDMENT OF CERTIFICATE OF INCORPORATION OF Open Payment Technologies Inc.

FIRST: That a meeting of the Board of Directors of Open Payment Technologies Inc., resolutions were duly adopted setting forth a proposed amendment to the Certificate of incorporation of said corporation, declaring said amendment to be advisable and calling a meeting of the stockholders of said corporation for consideration thereof. The resolution setting forth the proposed amendment as follows:

RESOLVED: that the Certificate of Incorporation of this corporation be amended by changing the Article thereof number "FiRST" so that, as amended, said Article shall be and read as follows:

FIRST: The name of this corporation is: Opticard Payment Services, Inc.

SECOND: That thereafter, pursuant to resolution of its Board of Directors, a special meeting of the stockholders of said corporation was duly called and held, upon notice in accordance with Section 228 of the General Corporation Law of the State of Delawere at which meeting the necessary number of shares as required by statue were voted in favor of the amendment.

THIRD: That said amendment was duly adopted in accordance with the provisions of Section 242 of the General Corporation Law of the State of Delaware.

FOURTH: That the capital of said corporation shall not be reduced under or by reason of said corporation.

IN WITNESS WHEREOF, said Open Payment Technologies Inc. has caused this Certificate to be signed by its President on this 3rd day of February, 2006.

Open Payment Technologies Inc.

Name: Dávid Iggwersen

Title: President

State of Delaware Secretary of State Division of Corporations
Dalivared 01:31 PM 02/03/2006
FILED 01:28 PM 02/03/2006
SRV 060105738 - 3847829 FILE

RECORDED: 04/18/2007

TRADEMARK REEL: 003525 FRAME 100164 из