

**TRADEMARK ASSIGNMENT**

Electronic Version v1.1  
 Stylesheet Version v1.1

<b>SUBMISSION TYPE:</b>	NEW ASSIGNMENT		
<b>NATURE OF CONVEYANCE:</b>	CHANGE OF NAME		
<b>CONVEYING PARTY DATA</b>			
<b>Name</b>	<b>Formerly</b>	<b>Execution Date</b>	<b>Entity Type</b>
CONCENTREX INCORPORATED		12/29/2000	CORPORATION: OREGON
<b>RECEIVING PARTY DATA</b>			
<b>Name:</b>	Harland Financial Solutions, Inc.		
<b>Street Address:</b>	400 SW Sixth Ave.		
<b>City:</b>	Portland		
<b>State/Country:</b>	OREGON		
<b>Postal Code:</b>	97204		
<b>Entity Type:</b>	CORPORATION: OREGON		
<b>PROPERTY NUMBERS Total: 1</b>			
<b>Property Type</b>	<b>Number</b>	<b>Word Mark</b>	
Registration Number:	1560619	ARM BREAKER	
<b>CORRESPONDENCE DATA</b>			
Fax Number: (404)572-5100			
<i>Correspondence will be sent via US Mail when the fax attempt is unsuccessful.</i>			
Phone: 404 572 4600			
Email: trademarks@kslaw.com,lsims@kslaw.com,vbantug@kslaw.com,setelman@kslaw.com			
Correspondent Name: King & Spalding LLP, Lisa Beyer Sims			
Address Line 1: 1180 Peachtree Street			
Address Line 4: Atlanta, GEORGIA 30309			
<b>ATTORNEY DOCKET NUMBER:</b>	25300.019028		
<b>NAME OF SUBMITTER:</b>	Vicky Bantug		
<b>Signature:</b>	/Vicky Bantug/		

CH \$40.00 1560619

Date:

04/30/2007

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.*



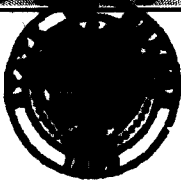
*In Testimony Whereof, I have hereunto set  
my hand and affixed hereto the Seal of the  
State of Oregon.*

*BILL BRADBURY, Secretary of State*

By *Debra L. Virag*

*Debra L. Virag*

*November 7, 2006*



Phone: (503) 898-2200  
 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)  
 (R0113 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