

Form **PTO-1594** (Rev. 07/05)
OMB Collection **0651-0027** (exp. 6/30/2008)

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

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.

1. Name of conveying party(ies):

IMEDEX, INC.

- Individual(s) Association
 General Partnership Limited Partnership
 Corporation - State: GEORGIA
 Other _____

Citizenship (see guidelines) _____

Additional names of conveying parties attached? Yes No

2. Name and address of receiving party(ies)

Additional names, addresses, or citizenship attached? Yes No

Name: IMEDEX ACCREDITATION SERVICES, LLC

Internal

Address: _____

Street Address: 70 TECHNOLOGY DRIVE

City: ALPHARETTA

State: GEORGIA

Country: USA

Zip: 30005

- Association Citizenship _____
 General Partnership Citizenship _____
 Limited Partnership Citizenship _____
 Corporation Citizenship _____
 Other LIMITED LIABILITY COMPANY Citizenship USA

If assignee is not domiciled in the United States, a domestic representative designation is attached: Yes No
(Designations must be a separate document from assignment)

3. Nature of conveyance /Execution Date(s) :

Execution Date(s) 2-28-2007

- Assignment Merger
 Security Agreement Change of Name
 Other CERTIFICATE OF CONVERSION

4. Application number(s) or registration number(s) and identification or description of the Trademark.

A. Trademark Application No.(s)
76/614,443

B. Trademark Registration No.(s)

Additional sheet(s) attached? Yes No

C. Identification or Description of Trademark(s) (and Filing Date if Application or Registration Number is unknown):
GLOBE DESIGN

5. Name & address of party to whom correspondence concerning document should be mailed:

Name: HOWSON & HOWSON LLP

Internal Address: _____

Street Address: 501 OFFICE CENTER DRIVE, SUITE 210

City: FORT WASHINGTON

State: PA

Zip: 19034

Phone Number: 215-540-9200

Fax Number: 215-540-5818

Email Address: SBKITA@HOWSONANDHOWSON.COM

6. Total number of applications and registrations involved:

1

7. Total fee (37 CFR 2.6(b)(6) & 3.41) \$ 40.00

- Authorized to be charged by credit card
 Authorized to be charged to deposit account
 Enclosed

8. Payment Information:

a. Credit Card Last 4 Numbers _____
Expiration Date _____

b. Deposit Account Number 08-3040

Authorized User Name STANLEY B. KITA

9. Signature:

Signature

STANLEY B. KITA

Name of Person Signing

MAY 18, 2007

Date

Total number of pages including cover sheet, attachments, and document:

2

Documents to be recorded (including cover sheet) should be faxed to (571) 273-0140, or mailed to:
Mail Stop Assignment Recordation Services, Director of the USPTO, P.O. Box 1450, Alexandria, VA 22313-1450

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Control No. 07018236

STATE OF GEORGIA

Secretary of State

Corporations Division

315 West Tower

#2 Martin Luther King, Jr. Dr.

Atlanta, Georgia 30334-1530

CERTIFICATE OF CONVERSION

I, **Karen C Handel**, the Secretary of State and the Corporations Commissioner of the State of Georgia, do hereby certify under the seal of my office that a certificate of conversion has been filed on **02/28/2007** converting

IMEDEX, INC.

a Domestic Profit Corporation Entity

to

IMEDEX ACCREDITATION SERVICES, LLC

a Domestic Limited Liability Company

The required fees as provided by Title 14 of the Official Code of Georgia Annotated have been paid. Conversion of the above-named entity is effective upon issuance of this certificate.

WITNESS my hand and official seal of the City of Atlanta
and the State of Georgia on February 28, 2007



A handwritten signature in black ink, appearing to read "Karen C Handel".

Karen C Handel
Secretary of State