

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
Carlson Travel Network Associates, Inc.		01/29/2008	CORPORATION: MINNESOTA

RECEIVING PARTY DATA

Name:	The Travel Franchise Group, Inc.
Street Address:	6442 City West Parkway
City:	Eden Prairie
State/Country:	MINNESOTA
Postal Code:	55344
Entity Type:	CORPORATION: MINNESOTA

PROPERTY NUMBERS Total: 15

Property Type	Number	Word Mark
Serial Number:	75859587	BYEBYENOW.COM TRAVEL
Serial Number:	78114791	
Serial Number:	73630021	CRUISE HOLIDAYS
Serial Number:	74377978	CRUISE HOLIDAYS COMPASS
Serial Number:	75803661	CRUISE HOLIDAYS.COM
Serial Number:	78284324	CRUISEBOSS
Serial Number:	77173368	CRUISE-VENTIONS
Serial Number:	75008850	CRUISEWEB
Serial Number:	75248897	FIRST DISCOUNT TRAVEL
Serial Number:	78154192	RELAX . . . YOU'RE WITH US!
Serial Number:	77356845	TRAVEL AGENTS INTERNATIONAL
Serial Number:	73779623	TRAVEL PROFESSIONALS INTERNATIONAL
Serial Number:	74445826	WE PROMISE GREAT CRUISE VACATIONS
Serial Number:	78117780	YOUR CRUISE VACATION STORE

OP \$390.00 75859587

Serial Number:	73396283	TRAVEL AGENTS INTERNATIONAL
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CORRESPONDENCE DATA

Fax Number: (612)332-9081

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

Phone: 612/336-4615

Email: rerickson@merchantgould.com

Correspondent Name: Christopher Schulte

Address Line 1: P.O. Box 2910

Address Line 4: Minneapolis, MINNESOTA 55402-0910

ATTORNEY DOCKET NUMBER:	12459.0000006
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NAME OF SUBMITTER:	Christopher J. Schulte
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Signature:	/Christopher J. Schulte/
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Date:	04/08/2008
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Total Attachments: 1 source=12459.00000006 - Change of Name#page1.tif
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DC-CN



STATE OF MINNESOTA SECRETARY OF STATE

AMENDMENT OF ARTICLES OF INCORPORATION

READ THE INSTRUCTIONS BEFORE COMPLETING THIS FORM

- 1. Type or print in black ink.
2. There is a \$35.00 fee payable to the MN Secretary of State,
3. Return Completed Amendment Form and Fee to the address listed on the bottom of the form.

CORPORATE NAME: (List the name of the company prior to any desired name change)

Carlson Travel Network Associates, Inc.

This amendment is effective on the day it is filed with the Secretary of State, unless you indicate another date, no later than 30 days after filing with the Secretary of State.

Format (mm/dd/yyyy)

The following amendment(s) to articles regulating the above corporation were adopted: (Insert full text of newly amended article(s) indicating which article(s) is (are) being amended or added.) If the full text of the amendment will not fit in the space provided, attach additional numbered pages. (Total number of pages including this form one (1).)

ARTICLE I

The name of this corporation shall be The Travel Franchise Group, Inc.

This amendment has been approved pursuant to Minnesota Statutes chapter 302A or 317A. I certify that I am authorized to execute this amendment and I further certify that I understand that by signing this amendment, I am subject to the penalties of perjury as set forth in section 609.48 as if I had signed this amendment under oath.

[Handwritten signature]

(Signature of Authorized Person)

Name and telephone number of contact person: Tonya A. Trumm 414-271 6560
Please print legibly Phone Number

FILE IN-PERSON OR MAIL TO:

Minnesota Secretary of State - Business Services
Retirement Systems of Minnesota Building
60 Empire Drive, Suite 100
St Paul, MN 55103
(Staffed 8:00 - 4:00, Monday - Friday, excluding holidays)

STATE OF MINNESOTA DEPARTMENT OF STATE FILED

JAN 29 2008

[Handwritten initials]

To obtain a copy of a form you can go to our web site at www.sos.state.mn.us, or contact us between 9:00am and 5:00pm, Monday through Friday at (651) 296-2803 or toll free 1-877-551-6767.

[Handwritten signature] Secretary of State

All of the information on this form is public. Minnesota law requires certain information to be provided for this type of filing. If that information is not included, your document may be returned unfiled. This document can be made available in alternative formats, such as large print, Braille or audio tape, by calling (651) 296-2803/voice. For a TTY/TTD (deaf and hard of hearing) communication, contact the Minnesota Relay Service at 1-800-627-3529 and ask them to place a call to (651)296-2803. The Secretary of State's Office does not discriminate on the basis of race, creed, color, sex, sexual orientation, national origin, age, marital status, disability, religion, reliance on public assistance or political opinions or affiliations in employment or the provision of service.

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