

Assignment

Page 1 of 3

<b>TRADEMARK ASSIGNMENT</b>
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Electronic Version v1.1

Stylesheet Version v1.1

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	MERGER
EFFECTIVE DATE:	04/04/2008

## CONVEYING PARTY DATA

Name	Formerly	Execution Date	Entity Type
Marketswitch Corporation		04/04/2008	CORPORATION: DELAWARE

## RECEIVING PARTY DATA

Name:	Experian Information Solutions, Inc.
Street Address:	475 Anton Boulevard
City:	Costa Mesa
State/Country:	CALIFORNIA
Postal Code:	92626
Entity Type:	CORPORATION: OHIO

## PROPERTY NUMBERS Total: 20

Property Type	Number	Word Mark
Registration Number:	2770196	TRUE FOR PREPAYMENT SCORING
Registration Number:	2770195	TRUE FOR PRICING OPTIMIZATION
Registration Number:	2770194	TRUE FOR ENTERPRISE MARKETING
Registration Number:	2734166	TRUE FOR COLLECTIONS OPTIMIZATION
Registration Number:	2734165	TRUE FOR CREDIT LINE OPTIMIZATION
Registration Number:	2636688	TRUE FOR WEB ADVERTISING
Registration Number:	2667012	TRUE FOR ECOMMERCE
Registration Number:	2636687	TRUE FOR OUTBOUND MARKETING
Registration Number:	2650309	TRUE FOR CALL CENTERS

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## Assignment

Registration Number:	2622062	MARKETSWITCH TRUE SUITE
Registration Number:	2636686	TRUE FOR TRANSACTIONAL MODELING
Registration Number:	2580120	OPTIMIZATION BY MARKETSWITCH
Registration Number:	2629053	
Registration Number:	2629052	% MARKETSWITCH
Registration Number:	2576712	MARKETSWITCH
Registration Number:	2622032	MARKETSWITCH TRUE OPTIMIZATION
Registration Number:	2277928	MARKETSWITCH WORKSTATION
Registration Number:	2562101	MARKETSWITCH
Registration Number:	2262607	MARKETSWITCH
Serial Number:	77216443	MARKETSWITCH OPTIMIZATION

## CORRESPONDENCE DATA

Fax Number: (312)222-0818

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

Phone: 312.222.0800

Email: jhbrown@michaelbest.com

Correspondent Name: Jeffrey H. Brown

Address Line 1: Michael Best & Friedrich LLP

Address Line 2: 180 N. Stetson, Suite 2000

Address Line 4: Chicago, ILLINOIS 60601

ATTORNEY DOCKET NUMBER:	017721-9001
NAME OF SUBMITTER:	Jeffrey H. Brown
Signature:	/Jeffrey H. Brown/
Date:	04/22/2008

Total Attachments: 12

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# Delaware

PAGE 1

*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 MERGER, WHICH MERGES:

"MARKETSWITCH CORPORATION", A DELAWARE CORPORATION, WITH AND INTO "EXPERIAN INFORMATION SOLUTIONS, INC." UNDER THE NAME OF "EXPERIAN INFORMATION SOLUTIONS, INC.", A CORPORATION ORGANIZED AND EXISTING UNDER THE LAWS OF THE STATE OF OHIO, AS RECEIVED AND FILED IN THIS OFFICE THE FOURTH DAY OF APRIL, A.D. 2008, AT 5 O'CLOCK P.M.

A FILED COPY OF THIS CERTIFICATE HAS BEEN FORWARDED TO THE NEW CASTLE COUNTY RECORDER OF DEEDS.

2666598 8100M

080397512

You may verify this certificate online  
at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)



*Harriet Smith Windsor*

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 6515287

DATE: 04-10-08

TRADEMARK

REEL: 003767 FRAME: 0743

State of Delaware  
Secretary of State  
Division of Corporations  
Delivered 05:00 PM 04/04/2008  
FILED 05:00 PM 04/04/2008  
SRV 080397512 - 2695460 FILE

**CERTIFICATE OF MERGER**  
**OF**  
**MARKETSWITCH CORPORATION**  
**AND**  
**EXPERIAN INFORMATION SOLUTIONS, INC.**

It is hereby certified that:

1. The constituent business corporations participating in the merger herein certified (hereinafter referred to as the "constituent corporations") are:

**MARKETSWITCH CORPORATION**, incorporated under the laws of the State of Delaware ("Marketswitch"); and

**EXPERIAN INFORMATION SOLUTIONS, INC.**, incorporated under the laws of the State of Ohio ("EIS").

2. An Agreement and Plan of Merger has been approved, adopted, certified, executed, and acknowledged by each of the constituent corporations in accordance with the provisions of subsection (c) of Section 252 of the General Corporation Law of the State of Delaware (the "DE Act"), to wit, by Marketswitch in the same manner as provided in Section 251 of the DE Act and by EIS in accordance with the Ohio Revised Codes (the "OH Codes").

3. The name of the surviving corporation in the merger herein certified is Experian Information Solutions, Inc., which will continue its existence as said surviving corporation under its present name upon the effective date of said merger pursuant to the provisions of the OH Codes.

4. The Articles of Incorporation of EIS, as now in force and effect, shall continue to be the Articles of Incorporation of said surviving corporation until amended and changed pursuant to the provisions of the laws of the State of its incorporation.

5. The executed Agreement and Plan of Merger between the aforesaid constituent corporations is on file at the principal place of business of the surviving corporation, the address of which is as follows:

475 Anton Boulevard  
Costa Mesa, California 92626

6. A copy of the Agreement and Plan of Merger will be furnished by the surviving corporation, on request, and without cost, to any stockholder of each of the constituent corporations.

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7. The aforesaid surviving corporation does hereby agree that it may be served with process in the State of Delaware in any proceeding for enforcement of any obligation of Marketswitch, as well as for enforcement of any obligation of said surviving corporation arising from the merger herein certified, including any suit or other proceeding to enforce the right, if any, of any stockholder of Marketswitch as determined in appraisal proceedings pursuant to the provisions of Section 262 of the DE Act; does hereby irrevocably appoint the Secretary of State of the State of Delaware as its agent to accept service of process in any such suit or other proceedings; and does hereby specify the following as the address to which a copy of such process shall be mailed by the Secretary of State of the State of Delaware:

475 Anton Boulevard  
Costa Mesa, California 92626

*Remainder of page intentionally left blank*

Dated: as of March 31, 2008

**MARKETSWITCH CORPORATION,**  
a Delaware corporation

By:   
Name: Scott Leslie  
Title: Secretary

**EXPERIAN INFORMATION SOLUTIONS, INC.**  
an Ohio corporation

By:   
Name: Scott Leslie  
Title: Secretary

\*200809900324\*

DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
04/08/2008	200809900324	MERGER/DOMESTIC (MER)	125.00	100.00	.00	.00	.00

**Receipt**

This is not a bill. Please do not remit payment.

CORPORATION SERVICE COMPANY  
 ATTN: LISA VAIDO  
 887 SOUTH HIGH STREET  
 COLUMBUS, OH 43206

# STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jennifer Brunner

812947

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

**EXPERIAN INFORMATION SOLUTIONS, INC.**

and, that said business records show the filing and recording of:

Document(s):  
**MERGER/DOMESTIC**

Document No(s):  
**200809900324**



United States of America  
 State of Ohio  
 Office of the Secretary of State

Witness my hand and the seal of the  
 Secretary of State at Columbus, Ohio  
 this 4th day of April, A.D. 2008.

Ohio Secretary of State





Prescribed by:

The Ohio Secretary of State  
Columbus (614) 466-3910  
Toll Free: 1-877-SCS-FILLS (1-877-767-3463)

Complete this Form: <input type="checkbox"/>	
<input type="radio"/>	PO Box 1300 Columbus, OH 43216 <small>** Requires an additional fee of \$80 **</small>
<input type="radio"/>	PO Box 1329 Columbus, OH 43216

www.sos.state.oh.us  
e-mail: busasrv@sos.state.oh.us

### CERTIFICATE OF MERGER (For Domestic or Foreign, Profit or Nonprofit)

Filing Fee \$125.00

(104-0000)

In accordance with the requirements of Ohio law, the undersigned corporations, banks, savings banks, savings and loan, limited liability companies, limited partnerships and/or partnerships with limited liability, desiring to effect a merger, set forth the following facts:

#### I. SURVIVING ENTITY

A. The name of the entity surviving the merger is:

Espejan Information Solutions, Inc.

B. Name Change: As a result of this merger, the name of the surviving entity has been changed to the following:

(Complete only if name of surviving entity is changing through the merger)

C. The surviving entity is a: (Please check the appropriate box and fill in the appropriate blanks)

Domestic (Ohio) For-Profit Corporation, charter number 812947

Domestic (Ohio) Nonprofit Corporation, charter number \_\_\_\_\_

Foreign (Non-Ohio) Corporation incorporated under the laws of the state/country of \_\_\_\_\_ and licensed to transact business in the State of Ohio under license number \_\_\_\_\_

Foreign (Non-Ohio) Corporation incorporated under the laws of the state/country of \_\_\_\_\_ and NOT licensed to transact business in the state of Ohio, \_\_\_\_\_

Domestic (Ohio) Limited Liability Company, with registration number \_\_\_\_\_

Foreign (Non-Ohio) Limited Liability Company organized under the laws of the state/country of \_\_\_\_\_ and registered to do business in the State of Ohio under registration number \_\_\_\_\_

Foreign (Non-Ohio) Limited Liability Company organized under the laws of the state/country of \_\_\_\_\_ and NOT registered to do business in the State of Ohio, \_\_\_\_\_

Domestic (Ohio) Limited Partnership, with registration number \_\_\_\_\_

Foreign (Non-Ohio) Limited Partnership organized under the laws of the state/country of \_\_\_\_\_ and registered to do business in the state of Ohio under registration number \_\_\_\_\_

2008 APR 16 PM 3:56



**VI. STATUTORY AGENT**

The name and address of the surviving entity's statutory agent upon whom any process, notice or demand may be served is:

\_\_\_\_\_  
(name) (note) NOTE: P.O. Box Addresses are NOT acceptable.  
\_\_\_\_\_, Ohio  
(city, village or township) (zip code)

*(This form MUST be completed if the surviving entity is a foreign entity which is not licensed, registered or otherwise authorized to conduct business in the state of Ohio)*

**VII. ACCEPTANCE OF AGENT**

The undersigned, named herein as the statutory agent for the above referenced surviving entity, hereby acknowledges and accepts the appointment of statutory agent for said entity.

Signature of Agent \_\_\_\_\_

*(The acceptance of agent must be completed by the surviving entities if through this merger the statutory agent has changed, or the named agent differs in any way from the name currently on record with the Secretary of State.)*

**VIII. STATEMENT OF MERGER**

Upon filing, or upon such later date as specified herein, the merging entity/entities listed herein shall merge into the listed surviving entity

**IX. AMENDMENTS**

The articles of incorporation, articles of organization, certificate of limited partnership or registration of partnership having limited liability (circle appropriate term) of the surviving domestic entity have been amended.

Attachments are provided  No Changes

**X. QUALIFICATION OR LICENSURE OF FOREIGN SURVIVING ENTITY**

A. The listed surviving foreign corporation, bank, savings bank, savings and loan, limited liability company, limited partnership, or partnership having limited liability desires to transact business in Ohio as a foreign corporation, bank, savings bank, savings and loan, limited liability company, limited partnership, or partnership having limited liability, and hereby appoints the following as its statutory agent upon whom process, notice or demand against the entity may be served in the state of Ohio. The name and complete address of the statutory agent is:

\_\_\_\_\_  
(name) (note) NOTE: P.O. Box Addresses are NOT acceptable.  
\_\_\_\_\_, Ohio  
(city, village or township) (zip code)

The subject surviving foreign corporation, bank, savings bank, savings and loan, limited liability company, limited partnership, or partnership having limited liability irrevocably consents to service of process on the statutory agent listed above as long as the authority of the agent continues, and to service of process upon the Secretary of State of Ohio if the agent cannot be found, if the corporation, bank, savings bank, savings and loan, limited liability company, limited partnership, or partnership having limited liability fails to designate another agent when required to do so, or if the foreign corporation's, bank's, savings bank's, savings and loan's, limited liability company's, limited partnership's or partnership having limited liability's license or registration to do business on Ohio expires or is canceled.

**B. The qualifying entity also states as follows: (Complete only if applicable)**

**1. Foreign Notice Under Section 1703.031**

(If the qualifying entity is a foreign bank, savings bank, or savings and loan, then the following information must be completed.)

(a.) The name of the Foreign National/Federally chartered bank, savings bank, or savings and loan association is \_\_\_\_\_

(b.) The name(s) of any Trade Name(s) under which the corporation will conduct business: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(c.) The location of the main office (non-Ohio) shall be:

\_\_\_\_\_  
(street address) **NOTE: P.O. Box Addresses are NOT acceptable.**  
\_\_\_\_\_  
(city, township, or village) (county) (state) (zip code)

(d.) The principal office location in the state of Ohio shall be:

\_\_\_\_\_  
(street address) **NOTE: P.O. Box Addresses are NOT acceptable.**  
\_\_\_\_\_  
(city, township, or village) (county) **Ohio** (zip code)  
(state)

(Please note, if there will not be an office in the state of Ohio, please list none.)

(e.) The corporation will exercise the following purpose(s) in the state of Ohio:  
(Please provide a brief summary of the business to be conducted; a general clause is not sufficient)  
\_\_\_\_\_  
\_\_\_\_\_

**2. Foreign Qualifying Limited Liability Company**

(If the qualifying entity is a foreign limited liability company, the following information must be completed.)

(a.) The name of the limited liability company in its state of organization/registration is \_\_\_\_\_

(b.) The name under which the limited liability company desires to conduct business in Ohio is \_\_\_\_\_

(c.) The limited liability company was organized or registered on \_\_\_\_\_  
under the laws of the state/country of \_\_\_\_\_

(d.) The address to which interested persons may direct requests for copies of the articles of organization, operating agreement, bylaws, or other charter documents of the company is:

\_\_\_\_\_  
(street address) NOTE: P.O. Box Addresses are NOT acceptable.

\_\_\_\_\_  
(city, township, or village) (state) (zip code)

**3. Foreign Qualifying Limited Partnership**  
(If the qualifying entity is a foreign limited partnership, the following information must be completed).

(a.) The name of the limited partnership is

\_\_\_\_\_

(b.) The limited partnership was formed on \_\_\_\_\_

(c.) The address of the office of the limited partnership in its state/country of organization is:

\_\_\_\_\_  
(street address) NOTE: P.O. Box Addresses are NOT acceptable.

\_\_\_\_\_  
(city, township, or village) (county) (state) (zip code)

(d.) The limited partnership's principal office address is:

\_\_\_\_\_  
(street address) NOTE: P.O. Box Addresses are NOT acceptable.

\_\_\_\_\_  
(city, township, or village) (county) (state) (zip code)

(e.) The names and business or residence addresses of the General partners of the partnership are as follows:

Name	Address
_____	_____
_____	_____
_____	_____

(If fractional shares in other file state, please attach a separate sheet listing the general partners and their respective addresses)

(f.) The address of the office where a list of the names and business or residence addresses of the limited partners and their respective capital contributions is to be maintained is:

\_\_\_\_\_  
(street address) NOTE: P.O. Box Addresses are NOT acceptable.

\_\_\_\_\_  
(city, township, or village) (county) (state) (zip code)

The limited partnership hereby certifies that it shall maintain said records until the registration of the limited partnership in Ohio is canceled or withdrawn.

**4. Foreign Qualifying Partnership Having Limited Liability**

(a.) The name of the partnership shall be

\_\_\_\_\_

(b.) Please complete the following appropriate section (either Part b(1) or b(2)):

(1.) The address of the partnership's principal office in Ohio is:

\_\_\_\_\_  
(street address) NOTE: P.O. Box Addresses are NOT acceptable.

\_\_\_\_\_, Ohio \_\_\_\_\_  
(city, village or township) (zip code)

*(If the partnership does NOT have a principal office in Ohio, then items b2 must be completed)*

(2.) The address of the partnership's principal office (Non-Ohio):

\_\_\_\_\_  
(street address) NOTE: P.O. Box Addresses are NOT acceptable.

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
(city, township, or village) (state) (zip code)

(c.) The name and address of a statutory agent for service of process in Ohio is as follows:

\_\_\_\_\_  
(name)

\_\_\_\_\_  
(street address) NOTE: P.O. Box Addresses are NOT acceptable.

\_\_\_\_\_, Ohio \_\_\_\_\_  
(city, village or township) (zip code)

(d.) Please indicate the state or jurisdiction in which the Foreign Limited Liability Partnership has been formed

\_\_\_\_\_

(e.) The business which the partnership engages in is:

\_\_\_\_\_  
\_\_\_\_\_

The undersigned constituent entities have caused this certificate of merger to be signed by its duly authorized officers, partners and representatives on the date(s) stated below.

Experian Information Solutions, Inc.

(Exact name of entity)

By: [Signature]

Its: Secretary

Date: April 4, 2008

Marketw@ch Corporation

(Exact name of entity)

By: [Signature]

Its: Secretary

Date: April 9, 2008

(Exact name of entity)

By: \_\_\_\_\_

Its: \_\_\_\_\_

Date: \_\_\_\_\_

(Exact name of entity)

By: \_\_\_\_\_

Its: \_\_\_\_\_

Date: \_\_\_\_\_

(Exact name of entity)

By: \_\_\_\_\_

Its: \_\_\_\_\_

Date: \_\_\_\_\_

(Exact name of entity)

By: \_\_\_\_\_

Its: \_\_\_\_\_

Date: \_\_\_\_\_

(Exact name of entity)

By: \_\_\_\_\_

Its: \_\_\_\_\_

Date: \_\_\_\_\_

(Exact name of entity)

By: \_\_\_\_\_

Its: \_\_\_\_\_

Date: \_\_\_\_\_

(Exact name of entity)

By: \_\_\_\_\_

Its: \_\_\_\_\_

Date: \_\_\_\_\_

(Exact name of entity)

By: \_\_\_\_\_

Its: \_\_\_\_\_

Date: \_\_\_\_\_