

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
Personal Capital Corporation	FORMERLY MyVest Corporation	02/07/2006	CORPORATION: DELAWARE
RECEIVING PARTY DATA			
Name:	Personal Capital Corporation		
Doing Business As:	DBA MyVest		
Street Address:	90 New Montgomery Street, Suite 250		
City:	San Francisco		
State/Country:	CALIFORNIA		
Postal Code:	94105		
Entity Type:	CORPORATION: DELAWARE		
PROPERTY NUMBERS Total: 2			
Property Type	Number	Word Mark	
Registration Number:	3274561	MYVEST	
Registration Number:	3249185	MYVEST	
CORRESPONDENCE DATA			
Fax Number:	(213)627-0705		
	<i>Correspondence will be sent via US Mail when the fax attempt is unsuccessful.</i>		
Phone:	2136835698		
Email:	minettetayco@paulhastings.com		
Correspondent Name:	Minette M. Tayco		
Address Line 1:	515 S. Flower St., 25th Floor		
Address Line 4:	Los Angeles, CALIFORNIA 90071		
ATTORNEY DOCKET NUMBER:	33433.00001		
NAME OF SUBMITTER:	Minette M. Tayco		
Signature:	/Minette M. Tayco/		

CH \$65.00 3274561

Date:

04/02/2009

Total Attachments: 8

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FOR OFFICE USE ONLY.
 TAX PAID 875 APR 10 2006
 TAX EXEMPT

HIS STATEMENT IS A PUBLIC RECORD
(SEE SEPARATE SHEET FOR REGULATORY RULES)

ENDORSED
A-0293311-00
FILED
San Francisco County Clerk

County Clerk
City Hall, Room 168
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102-4678

APR 10 2006

by: JENNIFER VENEGAS
Deputy County Clerk

FILING FEE: (Payable by cash, check with a preprinted name or money order payable to SF County Clerk)
\$38.00 - For 1st Business Name and 1st Registrant
\$ 9.00 - For each additional business name on SAME statement
\$ 9.00 - For each additional registrant (owner) on the SAME statement

THIS ORIGINAL ALONG WITH A PHOTOCOPY MUST BE PRESENTED FOR FILING.

FICTITIOUS BUSINESS NAME STATEMENT

First Filing Refiling - (see separate sheet)

1. Fictitious Business Name(s): MyVest

2. Street Address, City, State & Zip code of Principal Place of Business in California (P.O. Box NOT allowed):
625 Market Street, San Francisco, CA 94105

3. Full name of registrant #1 (If Corporation or Limited Liability Company, indicate State of incorporation or organization):
Personal Capital Corporation, a Delaware corporation
Residence Address, City, State and Zip Code for Registrant #1 (P.O. Box NOT allowed):
625 Market Street, San Francisco, CA 94105
Full name of registrant #2 (If Corporation or Limited Liability Company, indicate State of incorporation or organization):

Residence Address, City, State and Zip Code for Registrant #2 (P.O. Box NOT allowed):

Full name of registrant #3 (If Corporation or Limited Liability Company, indicate State of incorporation or organization):

Residence Address, City, State and Zip Code for Registrant #3 (P.O. Box NOT allowed):

4. The business is conducted by: an individual a general partnership a limited partnership
 an unincorporated association other than a partnership a corporation a business trust
 co-partners husband and wife joint venture limited liability company
 other - please specify _____

5. The registrant commenced to transact business under the above listed fictitious business name or names on:
(enter exact date - if future date, write "not applicable") 2-8-06

6. I declare that all information in this statement is true and correct.

Signed _____ If registrant is a Corporation or Limited Liability Company, sign below
Corporation or LLC Name: Personal Capital Corporation
Printed Name _____ Signature: [Signature]
Printed Name & Title: Charles J. Lewis, Chief Executive Officer

NOTICE - THIS FICTITIOUS BUSINESS NAME STATEMENT EXPIRES FIVE YEARS FROM THE DATE IT WAS FILED. A NEW FICTITIOUS BUSINESS NAME STATEMENT MUST BE FILED PRIOR TO THIS DATE. THE FILING OF THIS STATEMENT DOES NOT OF ITSELF AUTHORIZE THE USE IN THIS STATE OF A FICTITIOUS BUSINESS NAME IN VIOLATION OF THE RIGHT OF ANOTHER UNDER FEDERAL, STATE OR COMMON LAW (SEE SECTION 14400 ET SEQ., BUSINESS AND PROFESSIONS CODE)



CERTIFICATION
I hereby certify that the foregoing is a correct copy of the original on file at the San Francisco County Clerk's office.

By: [Signature] Deputy

JENNIFER LYNN VENEGAS

TRADEMARK
REEL: 003966 FRAME: 0137

Office Of The Treasurer & Tax Collector

City and County of San Francisco
City Hall, Room 140
#1 Dr. Carlton B. Goodlett Place, San Francisco, CA
Tel: (415) 554-4400; Fax: (415) 554-6207

RECEIVED

APR 10 2006



SUSAN LEAL, Treasurer

City and County of San Francisco
Tax Collector
Taxpayer Services

GEORGE PUTRIS, Tax Administrator

REQUEST FOR INFORMATION CHANGES

Please Complete the Following Information:

Business Tax I.D. No:	<u>47-0902011</u>	Certificate No:	<u>379470</u>
Registered Ownership Name:	<u>Personal Capital Corporation</u>		
Registered Business Name (DBA):	_____		

Check the Appropriate Boxes:

1. ADDRESS CHANGES: Mailing Location Accounting Change Date: _____

New Address:	Street Address	Suite No.	City & State	Zip Code
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2. NEW or ADDITIONAL DBA/LOCATION: (Additional spaces are available on the reverse side)
If you are adding, renewing or abandoning a fictitious business name, you must submit a declaration with the County Clerk's Office.

Business Name: MyVest Starting Date: 02/08/06

Business Location: 625 Market Street, San Francisco, CA 94105 Starting Date: _____
Street Address/Suite City/State Zip Code

Describe the nature of business done at the above location:

Financial Technology Business	\$ 1,800,000	17	07
Business Description	Est. Payroll (12 mos.)	# Employees	Bus. Class PBC

For Apartment Building Owner/Operator: No. of Apt. Units: _____ No. of Commercial Units: _____

3. INACTIVATE/DELETE:

Closed No Longer Doing Business in S.F. Business Sold Last Date of Operation or Date Sold: _____

If no longer doing business in S.F., please explain: _____

SECTION 4 (on the reverse side) MUST BE COMPLETED BEFORE A BUSINESS IS CLOSED OR IS NO LONGER DOING BUSINESS IN SAN FRANCISCO.

If business is sold, or if you are no longer doing business as a parking lot operator at the location of record, provide new owner information:

New Ownership Name	Mailing Address	Phone Number
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A new application is required upon change of ownership or change of Social Security/Federal Employer ID number. Call Taxpayer Assistance, (415) 554-4400, to request an application or visit our website, <http://www.ci.sf.ca.us.com/business/forms>.

CONTINUE ON THE REVERSE SIDE

REQUEST FOR INFORMATION CHANGES

4. NEXUS IN SAN FRANCISCO:

If you answered "NO" to all of the questions below, you are not doing business in the city and your account will be closed if all tax liabilities have been paid.

YES	NO	DO YOU:	YES	NO	DO YOU:
<input type="checkbox"/>	<input type="checkbox"/>	Maintain a fixed place of business within San Francisco?	<input type="checkbox"/>	<input type="checkbox"/>	Employ or loan capital on property within San Francisco?
<input type="checkbox"/>	<input type="checkbox"/>	Have employees hired to perform work or provide service within San Francisco?	<input type="checkbox"/>	<input type="checkbox"/>	Solicit business on a regular basis within San Francisco for all or part of any seven days during one year?
<input type="checkbox"/>	<input type="checkbox"/>	Own or lease real property within San Francisco for business purposes?	<input type="checkbox"/>	<input type="checkbox"/>	Perform work or render services in San Francisco on a regular basis for all or part of any seven days during one year?
<input type="checkbox"/>	<input type="checkbox"/>	Maintain stock of tangible personal property for sale in San Francisco?	<input type="checkbox"/>	<input type="checkbox"/>	Utilize the street within San Francisco in connection with the operation of motor vehicles for business purposes on a regular basis for all or part of any seven days during the year?

5. OTHER CHANGES: *Please print or write legibly and provide the necessary documentation.*

NEW or ADDITIONAL DBA/LOCATION:

Business Name: _____ Starting Date: _____

Business Location: _____ Starting Date: _____

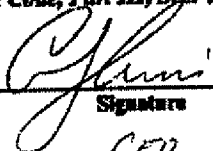
Street Address/Suite City/State Zip Code

Describe the nature of business done at the above location:

Business Description	\$	Est. Payroll (12 mos.)	# Employees	Bus. Class	FIC
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For Apartment Building Owner/Operator: No. of Apt. Units: _____ No. of Commercial Units: _____

I declare under penalty of perjury that the information contained herein is true and complete to the best of my knowledge and belief. I understand that misrepresentation of information is subject to a penalty of up to \$500. (Municipal Code, Part III, Sec. 6.17-3).



 Signature
 CEO

 Title or Position

Charles J. Lewis

 Print Name

 Date (Area Code) Telephone No.

SAN FRANCISCO DAILY JOURNAL
~ SINCE 1893 ~

44 MONTGOMERY ST STE 250, SAN FRANCISCO, CA 94104
Telephone (800) 640-4829 / Fax (510) 465-1657

ERIC RANSOM
CSC - SACRAMENTO
PO BOX 526036
SACRAMENTO, CA - 95852

PROOF OF PUBLICATION

(2015.5 C.C.P.)

State of California)
County of SAN FRANCISCO) ss

Notice Type: FNS - FICTITIOUS BUSINESS NAME

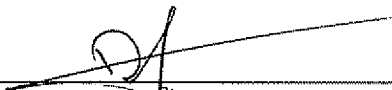
Ad Description: A-0293311-00 MYVEST

I am a citizen of the United States and a resident of the State of California; I am over the age of eighteen years, and not a party to or interested in the above entitled matter. I am the principal clerk of the printer and publisher of the SAN FRANCISCO DAILY JOURNAL, a newspaper published in the English language in the city of SAN FRANCISCO, county of SAN FRANCISCO, and adjudged a newspaper of general circulation as defined by the laws of the State of California by the Superior Court of the County of SAN FRANCISCO, State of California, under date 06/28/1990, Case Nos. 670493 and 18,469. That the notice, of which the annexed is a printed copy, has been published in each regular and entire issue of said newspaper and not in any supplement thereof on the following dates, to-wit:

05/02/2006, 05/09/2006, 05/16/2006, 05/23/2006

Executed on: 05/23/2006
At SAN FRANCISCO, California

I certify (or declare) under penalty of perjury that the foregoing is true and correct.



Signature

**ENDORSED
FILED**
San Francisco County Clerk

MAY 25, 2006
M. Zevallos
by: MAGDALENA ZEVALLOS
Deputy County Clerk

SF#: 961502

**FICTITIOUS BUSINESS
NAME STATEMENT**
File No. A-0293311-00

The following person(s) is (are) doing business as:

MyVest 625 Market Street, San Francisco, CA 94105

Registrant(s) name and address: Personal Capital Corporation 625 Market Street, San Francisco, CA 94105

This business is conducted by: a corporation

The registrant commenced to transact business under the above-listed fictitious business name or names on February 8, 2006

I declare that all information in this statement is true and correct.

S/ Charles J. Lewis, CEO

This statement was filed with the County Clerk of San Francisco County on April 10, 2006

NOTICE-This Fictitious Name Statement expires five years from the date it was filed. A New Fictitious Business Name Statement must be filed prior to this date. The filing of this statement does not of itself authorize the use in this state of a Fictitious Business Name in violation of the rights of another under Federal, State, or common law (See Section 14411 et seq., Business and Professions Code).

First Filing
5/2, 5/9, 5/16, 5/23/06

SF-961502#

TRADEMARK
REEL: 003966 FRAME: 0140

State of California
Secretary of State

NAME CHANGE
CERTIFICATE OF QUALIFICATION

C2493181

I, BRUCE McPHERSON, Secretary of State of the State of California, hereby certify that on the **8th day of February, 2006**, there was filed in this office an Amended Statement and Designation by Foreign Corporation whereby the corporate name of **MYVEST CORPORATION**, a corporation organized and existing under the laws of **Delaware**, was changed to **PERSONAL CAPITAL CORPORATION**. This corporation complied with the requirements of California law in effect on that date for the purpose of qualifying to transact intrastate business in the State of California and as of said date has been and is qualified and authorized to transact intrastate business in the State of California, subject however, to any licensing requirements otherwise imposed by the laws of this State.

IN WITNESS WHEREOF, I execute this
certificate and affix the Great Seal
of the State of California this day
of February 17, 2006.



A handwritten signature in black ink, appearing to read "Bruce McPherson".

BRUCE McPHERSON
Secretary of State

SS



State of California
Secretary of State

I, BRUCE McPHERSON, Secretary of State of the State of California, hereby certify:

That the attached transcript of 2 page(s) has been compared with the record on file in this office, of which it purports to be a copy, and that it is full, true and correct.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of

FEB 18 2006

BRUCE McPHERSON
Secretary of State

ENDORSED - FILED
In the office of the Secretary of State
of the State of California

**AMENDED STATEMENT BY
FOREIGN CORPORATION**

FEB - 8 2006

Personal Capital Corporation, a corporation organized and existing under the laws of the State of Delaware (the "Corporation"), and which is presently qualified for the transaction of intrastate business in the State of California, makes the following statement:


That the name of the Corporation has been changed to that hereinabove set forth and that the name relinquished at the time of such change was MyVest Corporation.

PERSONAL CAPITAL CORPORATION

By: _____

Name: _____

Title: _____

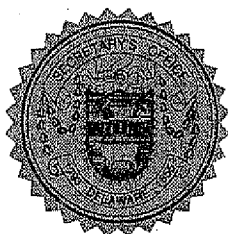

WILLIAM HARRIS
CHAIRMAN

Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "MYVEST CORPORATION", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "PERSONAL CAPITAL CORPORATION", THE SEVENTH DAY OF FEBRUARY, A.D. 2006, AT 3:03 O'CLOCK P.M.



3608110 8320

060116431

Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 4506807

DATE: 02-07-06

RECORDED: 04/02/2009

TRADEMARK
REEL: 003966 FRAME: 0144