

TRADEMARK ASSIGNMENT

Electronic Version v1.1
 Stylesheet Version v1.1

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	MERGER
EFFECTIVE DATE:	12/31/2008

CONVEYING PARTY DATA

Name	Formerly	Execution Date	Entity Type
Baker Hill Corporation		12/31/2008	CORPORATION:

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:

PROPERTY NUMBERS Total: 13

Property Type	Number	Word Mark
Registration Number:	2848970	BANK2CONSUMER
Registration Number:	2981546	BANK2DEALER
Registration Number:	3003287	BAKER HILL
Registration Number:	2958746	RELATIONSHIP CYCLE
Registration Number:	2993440	CLIENT ADVISOR
Registration Number:	3006690	EXCEPTION ADVISOR
Registration Number:	3072229	PORTFOLIO RISK ADVISOR
Registration Number:	1963158	ONEPOINT
Registration Number:	2715477	BANK2BUSINESS
Registration Number:	2867455	BAKER HILL ADVISOR
Registration Number:	3083230	BAKER HILL ORIGINATION
Registration Number:	2987864	BANK2CORPORATE
Registration Number:	3127304	PROJECTVISION

OP \$340.00 2848970

CORRESPONDENCE DATA

Fax Number: (317)571-5125
Correspondence will be sent via US Mail when the fax attempt is unsuccessful.
Phone: 317-814-1245
Email: debbie.mcclain@experian.com
Correspondent Name: Debbie McClain
Address Line 1: 12900 N Meridian, Suite 200
Address Line 4: Carmel, INDIANA 46032

NAME OF SUBMITTER:	Debbie McClain
Signature:	/debbie McClain/
Date:	05/12/2009

Total Attachments: 5
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\$ 300.00
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ABOVE SPACE FOR OFFICE USE ONLY

Statement of Merger
(Surviving Entity is a Foreign Entity)
filed pursuant to § 7-90-203.7 and § 7-90-204.5 of the Colorado Revised Statutes (C.R.S.)

1. For each merging entity, its ID number (if applicable), entity name or true name, form of entity, jurisdiction under the law of which it is formed, and principal address are

(Caution: At least one merging entity must be an entity formed under the laws of Colorado.)

ID Number 19871692256
(Colorado Secretary of State ID number)

Entity name or true name Baker Hill Corporation

Form of entity Corporation

Jurisdiction Colorado

Street address 475 Anton Boulevard
(Street number and name)

Costa Mesa CA 92626
(City) (State) (ZIP/Postal Code)

(Province - if applicable) (Country)

Mailing address
(leave blank if same as street address) (Street number and name or Post Office Box information)

(City) (State) (ZIP/Postal Code)

(Province - if applicable) (Country)

ID Number _____
(Colorado Secretary of State ID number)

Entity name or true name _____

Form of entity _____

Jurisdiction _____

Street address _____
(Street number and name)

(City) (State) (ZIP/Postal Code)

(Province - if applicable) (Country)

Mailing address
(leave blank if same as street address) _____
(Street number and name or Post Office Box information)

(City) (State) (ZIP/Postal Code)

(Province - if applicable) (Country)

ID Number _____
(Colorado Secretary of State ID number)

Entity name or true name _____

Form of entity _____

Jurisdiction _____

Street address _____
(Street number and name)

(City) (State) (ZIP/Postal Code)

(Province - if applicable) (Country)

Mailing address
(leave blank if same as street address) _____
(Street number and name or Post Office Box information)

(City) (State) (ZIP/Postal Code)

(Province - if applicable) (Country)

(If the following statement applies, adopt the statement by marking the box and include an attachment.)

- There are more than three merging entities and the ID number (if applicable), entity name or true name, form of entity, jurisdiction under the law of which it is formed, and the principal address of each additional merging entity is stated in an attachment.

2. For the surviving entity which is a foreign entity, its entity ID number (if applicable), entity name or true name, form of entity, jurisdiction under the law of which it is formed, and principal address are

(Caution: The surviving entity cannot be an entity formed under the laws of Colorado.)

ID Number 19961132887
(Colorado Secretary of State ID number)

Entity name or true name Experian Information Solutions, Inc.

Form of entity Corporation

Jurisdiction Ohio

Street address 475 Anton Boulevard
(Street number and name)

Costa Mesa CA 92626
(City) (State) (ZIP/Postal Code)

(Province - if applicable) (Country)

Mailing address
(leave blank if same as street address)
(Street number and name or Post Office Box information)

(City) (State) (ZIP/Postal Code)

(Province - if applicable) (Country)

3. Each merging entity has been merged into the surviving foreign entity.

4. *(If the following statement applies, adopt the statement by marking the box and state the appropriate document number(s).)*

One or more of the merging entities is a registrant of a trademark described in a filed document in the records of the secretary of state and the document number of each filed document is

Document number _____

Document number _____

Document number _____

(If the following statement applies, adopt the statement by marking the box and include an attachment.)

There are more than three trademarks and the document number of each additional trademark is stated in an attachment.

5. *(Mark the applicable box and complete the statement. Caution: Mark only one box.)*

The surviving foreign entity maintains a registered agent in this state.

OR

The surviving foreign entity does not maintain a registered agent in this state and service of process may be addressed to the entity and mailed to the principal address pursuant to section 7-90-704 (2), C.R.S.

OR

The surviving foreign entity has not maintained a registered agent in this state and appoints a registered agent to accept service pursuant to section 7-90-204.5, C.R.S. The person appointed as registered agent has consented to being so appointed. Such registered agent's name and address are

Name
(if an individual) _____
(Last) (First) (Middle) (Suffix)

OR

(if an entity)
(Caution: Do not provide both an individual and an entity name.)

Street address _____
(Street number and name)

(City) CO (State) (ZIP Code)

Mailing address
(leave blank, if same as street address) _____
(Street number and name or Post Office Box information)

(City) CO (State) (ZIP Code)

6. (If applicable, adopt the following statement by marking the box and include an attachment.)
 This document contains additional information as provided by law.

7. (Caution: Leave blank if the document does not have a delayed effective date. Stating a delayed effective date has significant legal consequences. Read instructions before entering a date.)

(If the following statement applies, adopt the statement by entering a date and, if applicable, time using the required format.)
The delayed effective date and, if applicable, time of this document are 12/31/2008
(mm/dd/yyyy hour:minute am/pm)

Notice:

Causing this document to be delivered to the Secretary of State for filing shall constitute the affirmation or acknowledgment of each individual causing such delivery, under penalties of perjury, that such document is such individual's act and deed, or that such individual in good faith believes such document is the act and deed of the person on whose behalf such individual is causing such document to be delivered for filing, taken in conformity with the requirements of part 3 of article 90 of title 7, C.R.S. and, if applicable, the constituent documents and the organic statutes, and that such individual in good faith believes the facts stated in such document are true and such document complies with the requirements of that Part, the constituent documents, and the organic statutes.

This perjury notice applies to each individual who causes this document to be delivered to the Secretary of State, whether or not such individual is identified in this document as one who has caused it to be delivered.

8. The true name and mailing address of the individual causing this document to be delivered for filing are

Bott Coleen
(Last) (First) (Middle) (Suffix)
475 Anton Boulevard
(Street number and name or Post Office Box information)

Costa Mesa CA 92626
(City) (State) (ZIP/Postal Code)

(Province - if applicable) (Country)

(If applicable, adopt the following statement by marking the box and include an attachment.)
 This document contains the true name and mailing address of one or more additional individuals causing the document to be delivered for filing.

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