

**TRADEMARK ASSIGNMENT**

Electronic Version v1.1  
 Stylesheet Version v1.1

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	CHANGE OF NAME		
<b>CONVEYING PARTY DATA</b>			
<b>Name</b>	<b>Formerly</b>	<b>Execution Date</b>	<b>Entity Type</b>
Algomod Technologies Corporation		02/03/2009	CORPORATION: NEW YORK
<b>RECEIVING PARTY DATA</b>			
<b>Name:</b>	Axelon Services Corporation		
<b>Street Address:</b>	116 John Street		
<b>Internal Address:</b>	14th Floor		
<b>City:</b>	New York		
<b>State/Country:</b>	NEW YORK		
<b>Postal Code:</b>	10038		
<b>Entity Type:</b>	CORPORATION: NEW YORK		
<b>PROPERTY NUMBERS Total: 1</b>			
<b>Property Type</b>	<b>Number</b>	<b>Word Mark</b>	
Registration Number:	3532675	AXELON	
<b>CORRESPONDENCE DATA</b>			
Fax Number:	(202)331-3101		
	<i>Correspondence will be sent via US Mail when the fax attempt is unsuccessful.</i>		
Phone:	202-331-3158		
Email:	dcipmail@gtlaw.com		
Correspondent Name:	Janet Shih Hajek		
Address Line 1:	2101 L Street, NW		
Address Line 2:	Greenberg Traurig, LLP, Suite 1000		
Address Line 4:	Washington, DISTRICT OF COLUMBIA 20037		
ATTORNEY DOCKET NUMBER:	026572.010200		
NAME OF SUBMITTER:	Janet Shih Hajek		
Signature:	/Janet Shih Hajek/		

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 REEL: 004247 FRAME: 0025**

Date:

07/22/2010

**Total Attachments: 7**

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***STATE OF NEW YORK***  
***DEPARTMENT OF STATE***

I hereby certify that the annexed copy has been compared with the original document in the custody of the Secretary of State and that the same is a true copy of said original.



WITNESS my hand and official seal of the  
Department of State, at the City of Albany, on  
February 10, 2009.

*Paul LaPointe*

Paul LaPointe  
Special Deputy Secretary of State

New York State  
Department of State  
Division of Corporations, State Records  
and Uniform Commercial Code  
41 State Street  
Albany, NY 12231  
www.dos.state.ny.us

CERTIFICATE OF AMENDMENT  
OF THE  
CERTIFICATE OF INCORPORATION  
OF

ALGOMOD TECHNOLOGIES CORPORATION

*Under Section 805 of the Business Corporation Law*

FIRST: The name of the corporation is Algomod Technologies Corporation. The name under which it was formed is Algomod Co., Corp.

SECOND: The date of the filing of the certificate of incorporation in the Department of State is June 17, 1977.

THIRD: The amendment effected by this certificate of amendment is as follows:

Paragraph FIRST of the Certificate of Incorporation relating to the corporation's name is hereby amended to read in its entirety as follows:

"FIRST: The name of the corporation is Axelon Services Corporation."

FOURTH: This certificate of amendment was authorized by the unanimous joint written consent of the corporation's board of directors and shareholders.

Dated: February 3, 2009

By: /s/ Diya Obeid  
Diya Obeid, Chief Executive Officer

090210000525

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CERTIFICATE OF AMENDMENT  
OF THE  
CERTIFICATE OF INCORPORATION  
OF  
ALGOMOD TECHNOLOGIES CORPORATION

*Under Section 805 of the Business Corporation Law*

Filer: Shahe Sinanian, Esq.  
Greenberg Traurig, LLP  
200 Park Avenue  
New York, NY 10166

DRAWDOWN  
CONTINENTAL #04

lc/c

STATE OF NEW YORK  
DEPARTMENT OF STATE

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***STATE OF NEW YORK***  
***DEPARTMENT OF STATE***

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WITNESS my hand and official seal of the  
Department of State, at the City of Albany, on  
February 10, 2009.

*Paul LaPointe*

Paul LaPointe  
Special Deputy Secretary of State

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NYS Department of State  
Division of Corporations, State Records and UCC  
One Commerce Plaza, 99 Washington Ave,  
Albany, NY 12231-0001  
www.dos.state.ny.us

**Certificate of Assumed Name**  
Pursuant to General Business Law, §130

1. NAME OF ENTITY

AXELON SERVICES CORPORATION

1a FOREIGN ENTITIES ONLY. If applicable, the fictitious name the entity agreed to use in New York State is:

2. NEW YORK LAW FORMED OR AUTHORIZED UNDER (CHECK ONE):

- Business Corporation Law
- Limited Liability Company Law
- Education Law
- Not-for-Profit Corporation Law
- Insurance Law
- Revised Limited Partnership Act

Other (specify law):

3. ASSUMED NAME

ALGOMOD TECHNOLOGIES

4. PRINCIPAL PLACE OF BUSINESS IN NEW YORK STATE (MUST BE NUMBER AND STREET. IF NONE, INSERT OUT-OF-STATE ADDRESS)

116 JOHN STREET, SUITE 1406, NEW YORK NY 10021

5. COUNTIES IN WHICH BUSINESS WILL BE CONDUCTED UNDER ASSUMED NAME

ALL COUNTIES (if not, circle county[ies] below)

Albany	Clinton	Genesee	Monroe	Orleans	Saratoga	Tompkins
Allegany	Columbia	Greene	Montgomery	Oswego	Schenectady	Ulster
Bronx	Cortland	Hamilton	Nassau	Otsego	Schoharie	Warren
Broome	Delaware	Herkimer	<b>New York</b>	Putnam	Schuyler	Washington
Cattaraugus	Dutchess	Jefferson	Niagara	Queens	Seneca	Wayne
Cayuga	Erie	Kings	Oneida	Rensselaer	Steuben	Westchester
Chautauqua	Essex	Lewis	Onondaga	Richmond	Suffolk	Wyoming
Chemung	Franklin	Livingston	Ontario	Rockland	Sullivan	Yates
Chenango	Fulton	Madison	Orange	St. Lawrence	Tioga	

6. INSERT THE ADDRESS OF EACH LOCATION WHERE BUSINESS WILL BE CARRIED ON OR TRANSACTED UNDER THE ASSUMED NAME.

Use a continuous sheet, if needed. (The address must be set forth in terms of a number and street, city, state and zip code. Please note that the address(es) reflected in paragraph 6 must be within the county(ies) circled in paragraph 5. If the entity does not have a specific location where it will conduct business under the assumed name please check the statement below.)

116 JOHN STREET, SUITE 1406,  
NEW YORK NY 10021

No New York State Business Location

20090210065

INSTRUCTIONS FOR SIGNATURE: If corporation, by an officer, if limited partnership, by a general partner, if limited liability company, by a member or manager or by an authorized person or attorney-in-fact for such corporation, limited partnership, or limited liability company. If the certificate is signed by an attorney-in-fact, include the name and title of the person for whom the attorney-in-fact is acting. (Example, John Smith, attorney-in-fact for Robert Johnson, president.)

DIYA OBEID  
Name of Signer

/s/ Diya Obeid  
Signature

CHIEF EXECUTIVE OFFICER  
Title of Signer

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CERTIFICATE OF ASSUMED NAME  
OF

AXELON SERVICES CORPORATION

(Insert Entity Name)

Pursuant to §130, General Business Law

FILER'S NAME AND MAILING ADDRESS

SHAHE SINANIAN, ESQ.  
GREENBERG TRAUERIG, LLP  
200 PARK AVENUE, 14TH FLOOR,  
NEW YORK, NY 10165

DRAWDOWN  
CONTINENTAL #04

NOTE: This form was prepared by the New York State Department of State. You are not required to use this form. You may draft your own form or use forms available at legal stationery stores. The Department of State recommends that all documents be prepared under the guidance of an attorney. The certificate must be submitted with a \$25 fee. The Department of State also collects the following, additional, county clerk fees for each county in which a corporation does or transacts business: \$100 for each county within New York City (Bronx, Kings, New York, Queens and Richmond) and \$25 for each county outside New York City. All checks over \$500 must be certified.

(For office use only)

STATE OF NEW YORK  
DEPARTMENT OF STATE

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