

**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
PATIENT CARE TECHNOLOGY SYSTEMS, LLC		04/20/2011	LIMITED LIABILITY COMPANY: CALIFORNIA

**RECEIVING PARTY DATA**

Name:	WMX, LLC
Street Address:	11325 North Community House Road
Internal Address:	Suite 500
City:	Charlotte
State/Country:	NORTH CAROLINA
Postal Code:	28277
Entity Type:	LIMITED LIABILITY COMPANY: CALIFORNIA

**PROPERTY NUMBERS Total: 9**

Property Type	Number	Word Mark
Registration Number:	3281658	AWAREPOINT
Registration Number:	3310599	REAL-TIME AWARENESS SOLUTIONS
Registration Number:	3342640	AWAREPOINT
Registration Number:	3513536	
Registration Number:	3404630	
Registration Number:	3404631	
Registration Number:	3658690	INFOPOINT
Registration Number:	3658691	SECUREPOINT
Registration Number:	3651819	SEARCHPOINT

**CORRESPONDENCE DATA**

Fax Number: (704)444-8847  
*Correspondence will be sent via US Mail when the fax attempt is unsuccessful.*  
 Phone: 704-343-2000

**900191508**

**TRADEMARK  
 REEL: 004538 FRAME: 0198**

**OP \$240.00 3281658**

Email: ksaltrick@mcguirewoods.com  
Correspondent Name: Bobak, Vazeen, Esq./McGuireWoods LLP  
Address Line 1: 201 North Tryon Street  
Address Line 4: Charlotte, NORTH CAROLINA 28202

ATTORNEY DOCKET NUMBER:	2049185-0017
NAME OF SUBMITTER:	Bobak, Vazeen, Esq./McGuireWoods LLP
Signature:	/Bobak, Vazeen/
Date:	05/10/2011
Total Attachments: 1 source=Certificate of Amendment - WMX, LLC#page1.tif	



**State of California  
Secretary of State**

**LIMITED LIABILITY COMPANY  
CERTIFICATE OF AMENDMENT**

A \$30.00 filing fee must accompany this form.

**IMPORTANT – Read instructions before completing this form.**

**ENDORSED - FILED**  
in the office of the Secretary of State  
of the State of California

**APR 20 2011**

This Space For Filing Use Only

1. SECRETARY OF STATE FILE NUMBER <b>200104810094</b>	2. NAME OF LIMITED LIABILITY COMPANY Patient Care Technology Systems, LLC
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3. COMPLETE ONLY THE SECTIONS WHERE INFORMATION IS BEING CHANGED. ADDITIONAL PAGES MAY BE ATTACHED IF NECESSARY.

A. LIMITED LIABILITY COMPANY NAME (END THE NAME WITH THE WORDS "LIMITED LIABILITY COMPANY," "LTD. LIABILITY CO." OR THE ABBREVIATIONS "LLC" OR "L.L.C.")  
WMX, LLC

B. THE LIMITED LIABILITY COMPANY WILL BE MANAGED BY (CHECK ONE):  
 ONE MANAGER  
 MORE THAN ONE MANAGER  
 ALL LIMITED LIABILITY COMPANY MEMBER(S)

C. AMENDMENT TO TEXT OF THE ARTICLES OF ORGANIZATION:

D. OTHER MATTERS TO BE INCLUDED IN THIS CERTIFICATE MAY BE SET FORTH ON SEPARATE ATTACHED PAGES AND ARE MADE A PART OF THIS CERTIFICATE. OTHER MATTERS MAY INCLUDE A CHANGE IN THE LATEST DATE ON WHICH THE LIMITED LIABILITY COMPANY IS TO DISSOLVE OR ANY CHANGE IN THE EVENTS THAT WILL CAUSE THE DISSOLUTION.

4. FUTURE EFFECTIVE DATE, IF ANY:

MONTH	DAY	YEAR
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5. NUMBER OF PAGES ATTACHED, IF ANY:

6. IT IS HEREBY DECLARED THAT I AM THE PERSON WHO EXECUTED THIS INSTRUMENT, WHICH EXECUTION IS MY ACT AND DEED.

*Warren Mosler*  
 \_\_\_\_\_  
 SIGNATURE OF AUTHORIZED PERSON

April 20, 2011  
 \_\_\_\_\_  
 DATE

Warren Mosler - Manager  
 \_\_\_\_\_  
 TYPE OR PRINT NAME AND TITLE OF AUTHORIZED PERSON

7. RETURN TO:

NAME Julia M Giczewski  
 FIRM McGuireWoods LLP  
 ADDRESS 77 W Wacker Drive, Suite 4100  
 CITY/STATE Chicago, IL  
 ZIP CODE 60601