

### RECORDATION FORM COVER SHEET TRADEMARKS ONLY

To the Director of the U. S. Patent and Trademark Office: Please record the attached documents or the new address(es) below.

**1. Name of conveying party(ies):**

Neovia Financial Plc

- Individual(s)
- General Partnership
- Corporation- State: Isle of Man, UK
- Other \_\_\_\_\_

- Association
- Limited Partnership

Citizenship (see guidelines) United Kingdom

Additional names of conveying parties attached?  Yes  No

**2. Name and address of receiving party(ies)**

Additional names, addresses, or citizenship attached?  Yes  No

Name: Optimal Payments Plc

Internal

Address: Audax House

Street Address: 6 Finch Road

City: Douglas

State: Isle of Man

Country: United Kingdom Zip: IM1 2PT

- Association Citizenship \_\_\_\_\_
- General Partnership Citizenship \_\_\_\_\_
- Limited Partnership Citizenship \_\_\_\_\_
- Corporation Citizenship United Kingdom
- Other \_\_\_\_\_ Citizenship \_\_\_\_\_

If assignee is not domiciled in the United States, a domestic representative designation is attached:  Yes  No  
(Designations must be a separate document from assignment)

**3. Nature of conveyance /Execution Date(s) :**

Execution Date(s) 01 March 2011

- Assignment
- Security Agreement
- Other \_\_\_\_\_
- Merger
- Change of Name

**4. Application number(s) or registration number(s) and identification or description of the Trademark.**

A. Trademark Application No.(s)

76/675,626

B. Trademark Registration No.(s)

Additional sheet(s) attached?  Yes  No

**C. Identification or Description of Trademark(s) (and Filing Date if Application or Registration Number is unknown):**

NET+ and Design

**5. Name & address of party to whom correspondence concerning document should be mailed:**

Name: Ira S. Dorman, Esq.

Internal Address: Suite 200

Street Address: 330 Roberts Street

City: East Hartford

State: Connecticut Zip: 06108

Phone Number: (860) 528-0772

Fax Number: (860) 528-0755

Email Address: attydrmn@aol.com

**6. Total number of applications and registrations involved:**

1

**7. Total fee (37 CFR 2.6(b)(6) & 3.41) \$ 40.00**

- Authorized to be charged to deposit account
- Enclosed

**8. Payment Information:**

Deposit Account Number 502982

Authorized User Name Ira S. Dorman

**9. Signature:**

  
Signature

Ira S. Dorman

Name of Person Signing

May 25, 2011

Date

Total number of pages including cover sheet, attachments, and document: 2

Documents to be recorded (including cover sheet) should be faxed to (571) 273-0140, or mailed to: Mail Stop Assignment Recordation Services, Director of the USPTO, P.O. Box 1450, Alexandria, VA 22313-1450

TO: IRA S. DORMAN, ESQ. COMPANY: SUITE 200

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Atty. Ira S. Dorman

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NTS-107

Form PTO-1594 (Rev. 01-09)

OMB Collection 0651-0027 (exp. 02/28/2009)

U.S. DEPARTMENT OF COMMERCE  
United States Patent and Trademark Office

RECORDATION SHEET TRADEMARK ONLY	
To the Director of the U. S. Patent and Trademark Office: Please record the attached documents or the new address(es) below.	
<b>1. Name of conveying party(ies):</b>  Neovia Financial Plc  <input type="checkbox"/> Individual(s) <input type="checkbox"/> Association <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership <input checked="" type="checkbox"/> Corporation- State: <u>Isle of Man, UK</u> <input type="checkbox"/> Other _____  Citizenship (see guidelines): <u>United Kingdom</u> Additional names of conveying parties attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>2. Name and address of receiving party(ies)</b> Additional names, addresses, or citizenship attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  Name: <u>Optimal Payments Plc</u> Internal Address: <u>Audax House</u>  Street Address: <u>6 Finch Road</u> City: <u>Douglas</u>  State: _____ Country: <u>United Kingdom</u> Zip: <u>IM1 2PT</u>  <input type="checkbox"/> Association      Citizenship _____ <input type="checkbox"/> General Partnership      Citizenship _____ <input type="checkbox"/> Limited Partnership      Citizenship _____ <input type="checkbox"/> Corporation:      Citizenship _____ <input type="checkbox"/> Other _____      Citizenship _____ (Assignee is not domiciled in the United States, a domestic representative designation is attached: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Designations must be a separate document from assignment)
<b>3. Nature of conveyance / Execution Date(s):</b> Execution Date(s): <u>01 March 2011</u>  <input type="checkbox"/> Assignment <input type="checkbox"/> Merger <input type="checkbox"/> Security Agreement <input checked="" type="checkbox"/> Change of Name <input type="checkbox"/> Other _____	<b>4. Application number(s) or registration number(s) and identification or description of the Trademark.</b> A. Trademark Application No.(s) <u>76/675,626</u> B. Trademark Registration No.(s) _____ Additional sheet(s) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>C. Identification or Description of Trademark(s) (and Filing Date if Application or Registration Number is unknown):</b> <u>NET+ and Design</u>	
<b>5. Name &amp; address of party to whom correspondence concerning document should be mailed:</b> Name: <u>Ira S. Dorman, Esq.</u>  Internal Address: <u>Suite 200</u>  Street Address: <u>330 Roberts Street</u>  City: <u>East Hartford</u> State: <u>Connecticut</u> Zip: <u>06108</u> Phone Number: <u>(860) 528-0772</u> Fax Number: <u>(860) 528-0755</u> Email Address: <u>attydorm@aol.com</u>	<b>6. Total number of applications and registrations involved:</b> <u>1</u>  <b>7. Total fee (37 CFR 2.6(b)(5) &amp; 3.41)</b> \$ <u>40.00</u> <input checked="" type="checkbox"/> Authorized to be charged to deposit account <input type="checkbox"/> Enclosed
<b>8. Payment Information:</b> Deposit Account Number: <u>502982</u> Authorized User Name: <u>Ira S. Dorman</u>	
<b>9. Signature:</b> <u>Ira S. Dorman</u> Date: <u>May 19, 2011</u> Signature: _____ Total number of pages including cover sheet, attachments, and document: <u>2</u>	

CH \$40.00 502982 76675626

Documents Name of Person (if other sheet) should be faxed to (571) 273-0145, or mailed to: Mail Stop Assignment Registration Services, Director of the USPTO, P.O. Box 1450, Alexandria, VA 22313-1450

TO: IRA S. DORMAN, ESQ. COMPANY: SUITE 200

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Atty. Ira S. Dorman

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**Isle of Man**  
Government  
*Assemblee Eilann Vannin*

No: 109535C

COMPANIES REGISTRY  
DEPARTMENT OF ECONOMIC DEVELOPMENT  
ISLE OF MAN

**Certificate of Change of Name**

THE DEPARTMENT OF ECONOMIC DEVELOPMENT hereby certify  
that pursuant to the Companies Acts 1931 to 2004

**NEOVIA FINANCIAL PLC**

has, by SPECIAL RESOLUTION, and with the approval of the  
DEPARTMENT OF ECONOMIC DEVELOPMENT, changed its name  
and is now called

**OPTIMAL PAYMENTS PLC**

This 1<sup>st</sup> day of March 2011

Mark Edwards  
Manager  
Companies Registry

The Companies Registry is part of the Isle of Man Department of Economic Development. This certificate does not constitute a licence to conduct banking, investment, CSP, insurance or other business regulated by the Financial Supervision Commission or the Insurance and Pensions Authority.