

TRADEMARK ASSIGNMENT

Electronic Version v1.1
 Stylesheet Version v1.1

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	MERGER
EFFECTIVE DATE:	10/11/2011

CONVEYING PARTY DATA

Name	Formerly	Execution Date	Entity Type
SPECTRUM Human Resource Systems Corporation		10/11/2011	CORPORATION: COLORADO

RECEIVING PARTY DATA

Name:	Epicor Software Corporation
Street Address:	7683 Southfront Road
City:	Livermore
State/Country:	CALIFORNIA
Postal Code:	94551
Entity Type:	CORPORATION: DELAWARE

PROPERTY NUMBERS Total: 3

Property Type	Number	Word Mark
Registration Number:	1783968	HRVANTAGE
Registration Number:	1715354	HR/PAY
Registration Number:	2408206	IVANTAGE

CORRESPONDENCE DATA

Fax Number: (303)863-0223
 Phone: 303-863-9700
 Email: mtrudell@sheridanross.com
Correspondence will be sent to the e-mail address first; if that is unsuccessful, it will be sent via US Mail.
 Correspondent Name: Miriam D. Trudell, Sheridan Ross P.C.
 Address Line 1: 1560 Broadway, Suite 1200
 Address Line 4: Denver, COLORADO 80202

ATTORNEY DOCKET NUMBER: 5842-147, -148, -149

900205958

**TRADEMARK
 REEL: 004652 FRAME: 0029**

CH \$90.00 1783968

NAME OF SUBMITTER:	Miriam D. Trudell
Signature:	/miriam trudell/
Date:	10/31/2011
Total Attachments: 5 source=statement of merger#page1.tif source=statement of merger#page2.tif source=statement of merger#page3.tif source=statement of merger#page4.tif source=statement of merger#page5.tif	

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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 19871577455
(Colorado Secretary of State ID number)

Entity name or true name Spectrum Human Resource Systems Corporation

Form of entity Corporation

Jurisdiction Colorado

Street address 999 18th Street, Suite 200
(Street number and name)

Denver Co 80202
(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 20111327855
(Colorado Secretary of State ID number)

Entity name or true name Epicor Software Corporation

Form of entity Corporation

Jurisdiction Delaware

Street address 7683 Southfront Road
(Street number and name)

Livermore CA 94551
(City) (State) (ZIP/Postal Code)

USA
(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)
CO
(City) (State) (ZIP Code)

Mailing address

(leave blank, if same as street address)

(Street number and name or Post Office Box information)
CO
(City) (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 (mm/dd/yyyy hour:minute am/pm)

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

Wardak Aref
650 Page Mill Rd.
WSGR
Palo Alto CA 94306
(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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