

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

ETAS ID: TM323159

| | | | |
|---|---|-----------------------|--------------------|
| SUBMISSION TYPE: | NEW ASSIGNMENT | | |
| NATURE OF CONVEYANCE: | MERGER | | |
| EFFECTIVE DATE: | 10/01/2014 | | |
| CONVEYING PARTY DATA | | | |
| Name | Formerly | Execution Date | Entity Type |
| DataVantage Corporation | | 09/30/2014 | CORPORATION: OHIO |
| RECEIVING PARTY DATA | | | |
| Name: | MICROS Systems, Inc. | | |
| Street Address: | 500 Oracle Parkway | | |
| City: | Redwood Shores | | |
| State/Country: | CALIFORNIA | | |
| Postal Code: | 94065 | | |
| Entity Type: | CORPORATION: MARYLAND | | |
| PROPERTY NUMBERS Total: 4 | | | |
| Property Type | Number | Word Mark | |
| Serial Number: | 85826131 | MISTORE | |
| Registration Number: | 3907769 | GO 2 TEAM | |
| Registration Number: | 3076123 | XBR | |
| Registration Number: | 4209667 | WEBHOTEL | |
| CORRESPONDENCE DATA | | | |
| Fax Number: | 3032919119 | | |
| <i>Correspondence will be sent to the e-mail address first; if that is unsuccessful, it will be sent using a fax number, if provided; if that is unsuccessful, it will be sent via US Mail.</i> | | | |
| Phone: | 3034732709 | | |
| Email: | docket@hollandhart.com,aaroppel@hollandhart.com | | |
| Correspondent Name: | Andrew Roppel | | |
| Address Line 1: | Holland & Hart LLP, PO Box 8749 | | |
| Address Line 2: | Attn. Trademark Docketing | | |
| Address Line 4: | Denver, COLORADO 80201 | | |
| NAME OF SUBMITTER: | Andrew Roppel | | |
| SIGNATURE: | /Andrew Roppel/ | | |
| DATE SIGNED: | 11/13/2014 | | |
| Total Attachments: 8 | | | |
| source=2014.11.13 Merger-DataVantage to MICROS Systems#page1.tif | | | |

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source=2014.11.13 Merger-DataVantage to MICROS Systems#page7.tif
source=2014.11.13 Merger-DataVantage to MICROS Systems#page8.tif



| DATE | DOCUMENT ID | DESCRIPTION | FILING | EXPED | PENALTY | CERT | COPY |
|------------|--------------|-----------------------|--------|--------|---------|------|------|
| 10/02/2014 | 201427500081 | MERGER/DOMESTIC (MER) | 125.00 | 100.00 | 0.00 | 0.00 | 0.00 |

Receipt

This is not a bill. Please do not remit payment.

NSI
145 BAKER ST.
ATTN:MELODY FREEMAN
MARION, OH 43302

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jon Husted
582535

It is hereby certified that the Secretary of State of Ohio has custody of the business records for
MICROS SYSTEMS, INC.

and, that said business records show the filing and recording of:

Document(s)

MERGER/DOMESTIC

Document No(s):

201427500081

Effective Date: 10/01/2014



United States of America
State of Ohio
Office of the Secretary of State

Witness my hand and the seal of the
Secretary of State at Columbus, Ohio this
2nd day of October, A.D. 2014.

Jon Husted
Ohio Secretary of State

| DATE | DOCUMENT ID | DESCRIPTION | FILING | EXPED | PENALTY | CERT | COPY |
|------------|--------------|-------------------------------|--------|-------|---------|------|------|
| 10/02/2014 | 201427500081 | MERGED OUT OF EXISTENCE (MEX) | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |

Receipt

This is not a bill. Please do not remit payment.

NSI
 145 BAKER ST.
 ATTN:MELODY FREEMAN
 MARION, OH 43302

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jon Husted
 731230

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

DATAVANTAGE CORPORATION

and, that said business records show the filing and recording of:

Document(s)

MERGED OUT OF EXISTENCE

Effective Date: 10/01/2014

Document No(s):

201427500081

United States of America
 State of Ohio
 Office of the Secretary of State

Witness my hand and the seal of the
 Secretary of State at Columbus, Ohio this
 2nd day of October, A.D. 2014.

Jon Husted
 Ohio Secretary of State

Jon Husted

Form 551 Prescribed by:

JON HUSTED
Ohio Secretary of State

Central Ohio: (614) 466-3910
Toll Free: (877) SOS-FILE (767-3453)
www.OhioSecretaryofState.gov
BusServ@OhioSecretaryofState.gov

Makes checks payable to Ohio Secretary of State

Mail this form to one of the following:
Regular Filing (non expedite)
P.O. Box 1329
Columbus, OH 43216

Expedite Filing (Two-business day processing
time requires an additional \$100.00).
P.O. Box 1390
Columbus, OH 43216

Certificate of Merger

Filing Fee: \$125

(154-MER)

In accordance with the requirements of Ohio law, the undersigned corporations, banks, savings banks, savings and loan associations, limited liability companies, partnerships, limited partnerships and/or limited liability partnerships, desiring to effect a merger, set forth the following facts

I. (Surviving) Entity

A. Name of Entity Surviving the Merger

B. Name Change: As a result of this merger, the name of the surviving entity has changed to the following

(Complete only if name of surviving entity is changing through the merger)

C. The surviving entity is a (Please check the appropriate box and fill in the appropriate blanks)

1. Domestic (Ohio entity) Foreign (Non-Ohio Entity)

Jurisdiction of formation

2. Charter/Registration/License Number
(If licensed in Ohio as domestic or foreign)

3. For-Profit Corporation

Nonprofit Corporation

For-Profit Limited Liability Company

Nonprofit Limited Liability Company

Partnership

Limited Partnership

Limited Liability Partnership

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SECRETARY OF STATE
2014 SEP 30 AM 10:51

II. CONSTITUENT ENTITY

Provide the name, Ohio charter/license/registration number, type of entity, jurisdiction of formation, for each entity merging out of existence. (If this is insufficient space to reflect all merging entities, please attach a separate sheet listing the additional merging entities).

| Entity Name | Ohio Charter/License/Registration Number | Jurisdiction of Formation | Type of Entity |
|-------------------------|--|---------------------------|----------------|
| DataVantage Corporation | 731230 | Ohio | Corporation |
| | | | |
| | | | |
| | | | |

III. MERGER AGREEMENT ON FILE

The name and mailing address of the person or entity from whom/which eligible persons may obtain a copy of the merger agreement upon written request

MICROS Systems, Inc.
Name

500 Oracle Parkway
Mailing Address

Redwood Shores
City

CA
State

94065
Zip Code

IV. EFFECTIVE DATE OF MERGER

This merger is to be effective on (The date specified must be on or after the date of the filing. If no date is specified, the date of filing will be the effective date of the merger).

V. MERGER AUTHORIZED

Each constituent entity has complied with the laws under which it exists and the laws permit the merger. The agreement of merger is authorized on behalf of each constituent entity and each person who signed the certificate on behalf of each entity is authorized to do so.

VI. STATEMENT OF MERGER

Upon filing this Certificate of Merger, or upon such later date as specified herein, the merging entity/entities listed herein shall merge into the listed surviving entity.

VII. STATUTORY AGENT - To be filed ONLY if the surviving entity is a foreign entity not licensed in Ohio. If the surviving entity is a foreign entity NOT licensed to transact business in Ohio, provide the name and address of a statutory agent upon whom any process, notice or demand may be served.

[Empty text box for Name]

Name

[Empty text box for Mailing Address]

Mailing Address

[Empty text box for City]

City

[Empty text box for Ohio State]

Ohio

State

[Empty text box for Zip Code]

Zip Code

VIII. AMENDMENTS

If a domestic corporation, limited liability company or limited partnership survives the merger, any amendments to the entity's articles of incorporation, articles of organization, or certificate of limited partnership of the surviving domestic entity shall be filed with the certificate of merger.

Amendments are attached

No Amendments

IX. REQUIREMENTS OF CORPORATIONS MERGING OUT OF EXISTENCE

If a domestic corporation or foreign corporation licensed to transact business in Ohio is a constituent entity and the surviving entity is not a domestic corporation or foreign corporation to be licensed in Ohio, the certificate of merger must be accompanied by the affidavits, receipts, certificates, or other evidence required by division (H) of section 1701.86 division (G) of section 1702.47 of the Revised Code with respect to each domestic constituent corporation, and/or by the affidavits, receipts, certificates, or other evidence required by division (C) or (D) of section 1703.17 of the Revised Code with respect to each foreign constituent corporation licensed to transact business in Ohio.

X. QUALIFICATION OR LICENSE OF FOREIGN SURVIVING ENTITY

A surviving foreign entity that wishes to qualify in Ohio as part of the merger must file an additional form, as listed below, but no additional filing fee is required.

- Foreign Qualifying Corporation - Form 530A or B and Certificate of Good Standing
- Foreign Notice (if qualifying entity is a foreign bank, savings bank, or savings and loan association) - Form 552
- Foreign Qualifying Limited Liability Company - Form 533B
- Foreign Qualifying Limited Partnership - Form 531B
- Foreign Qualifying Limited Liability Partnership - Form 537 and Evidence of Existence in Jurisdiction of Formation

The undersigned constituent entities (constituent entities include all merging and surviving entities) have caused this certificate of merger to be signed by their duly authorized officers, partners and representatives.

MICROS Systems, Inc.

Name of entity

By:

[Handwritten Signature]

Signature

Its:

Vice President

Title

DataVantage Corporation

Name of entity

By:

[Handwritten Signature]

Signature

Its:

Vice President

Title

Name of entity

By:

Signature

Its:

Title

An authorized representative of each constituent corporation, partnership, or entity must sign the merger certificate (ORC 1701.81(A), 1702.43 (A), 1705.38(A), 1776.70(A), 1782.433(A)). this includes all merging and surviving entities.

Complete the information in this section.

AFFIDAVIT

In lieu of dissolution releases from various governmental authorities.

[Empty box for Name of Corporation]

Name of Corporation

The undersigned, being first duly sworn, declares that on the dates indicated below, each of the named state governmental agencies was advised IN WRITING of the scheduled date of filing of the Certificate and was advised IN WRITING of the acknowledgment by the corporation of the applicability of the provisions of section 1701.95 of the ORC.

| Agency | Date Notified | Agency | Date Notified |
|--|---------------|---|---|
| Ohio Bureau of Workers' Compensation 30 W. Spring Street Columbus, Ohio 43215 *Only required for domestic for-profit corporations | [Empty box] | Ohio Job & Family Services Status and Liability Section Data Correspondence Control Fax: 614-752-4811 Phone: 614-486-2319 Overnight: P.O. Box 182413 Columbus, OH 43218-2413 | [Empty box] Regular: P.O. Box 182413 Columbus, OH 43218-2413 |
| Ohio Department of Taxation Taxpayer Services Division/Tax Release Unit PO Box 182382 Columbus, OH 43218-2382 Dissolution@tax.state.oh.us *Complete this date notified field only if the corporation is a domestic non-profit corporation or foreign corporation. [see* note below] | [Empty box] | <input type="checkbox"/> The corporation is not required to pay or the department of taxation has not assessed any personal property tax. | |

*Note: Domestic for-profit corporations must submit with this filing a Certificate of Tax Clearance issued by the Ohio Department of Taxation.

Note: This affidavit must be signed by one or more persons executing the certificate or by an officer of the corporation.

Signature [Empty box] Title [Empty box]

[Empty box]
Name

[Empty box]
Mailing Address

[Empty box] City [Empty box] State [Empty box] Zip Code

Sworn to and subscribed in my presence on [Empty box]
Date

Seal [Empty box] Notary Public [Empty box] Commission Expires [Empty box] Date

AFFIDAVIT OF PERSONAL PROPERTY

State of []

County of []

[]
Name of Officer

[]
Title of Officer

of []
Name of Corporation

and that this affidavit is made in compliance with Section [] of the Ohio Revised Code.

That above-named corporation: (Check one (1) of the following)

- Has no personal property in any county in Ohio
- Is the type required to pay personal property taxes to state authorities only
- Has personal property in the following county (ies)

[] [] []

Signature: []

Title: []

Sworn to and subscribed in my presence on Date []

Seal

[]
Notary Public

Expiration date of Notary Public's Commission Date []