FORM PTO-1618A Expires 06/30/99 OMB 0651-0627

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U.S. Department of Commerce Patent and Trademark Office TRADEMARK

| 2/22/00 RECORDATION FORM LUVEL SHEET                                                                                                                  |                                                        |  |  |  |  |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|--|--|--|--|--|
| TRADEMARKS ONLY                                                                                                                                       |                                                        |  |  |  |  |  |
| TO: The Commissioner of Patents and Trademarks: Please record the attached original document(s) or copy(ies).                                         |                                                        |  |  |  |  |  |
| Submission Type                                                                                                                                       | Conveyance Type                                        |  |  |  |  |  |
| X New                                                                                                                                                 | Assignment License                                     |  |  |  |  |  |
| Resubmission (Non-Recordation) Document ID #                                                                                                          | Security Agreement Nunc Pro Tunc Assignment            |  |  |  |  |  |
| Correction of PTO Error                                                                                                                               | Effective Date  Merger  Month Day Year                 |  |  |  |  |  |
| Real # Frame #                                                                                                                                        | X Change of Name                                       |  |  |  |  |  |
| Corrective Document Reel # Frame #                                                                                                                    | Other                                                  |  |  |  |  |  |
| Conveying Party                                                                                                                                       | Mark if additional names of convoying parties attached |  |  |  |  |  |
| Month Day Year                                                                                                                                        |                                                        |  |  |  |  |  |
| Name International Logistics Limited 08/18/98                                                                                                         |                                                        |  |  |  |  |  |
| Formerly                                                                                                                                              |                                                        |  |  |  |  |  |
| Individual General Partnership Limited Partnership X Corporation Association                                                                          |                                                        |  |  |  |  |  |
| Other                                                                                                                                                 |                                                        |  |  |  |  |  |
| X Citizenship/State of Incorporation/Organization                                                                                                     | ion <u>Delaware</u>                                    |  |  |  |  |  |
| Receiving Party  Mark if additional names of receiving parties attached                                                                               |                                                        |  |  |  |  |  |
| Name GeoLogistics Corporation                                                                                                                         |                                                        |  |  |  |  |  |
| DBA/AKA/TA                                                                                                                                            |                                                        |  |  |  |  |  |
| Composed of                                                                                                                                           |                                                        |  |  |  |  |  |
| Address (line 1) 13952 Denver West Parkway                                                                                                            |                                                        |  |  |  |  |  |
| Address (line 2)                                                                                                                                      |                                                        |  |  |  |  |  |
| Address (line 3) Golden                                                                                                                               | Colorado 80401                                         |  |  |  |  |  |
| City State/Country Zip Code Individual General Partnership Limited Partnership If document to be recorded is an assignment and the receiving party is |                                                        |  |  |  |  |  |
| TX Corporation Association Association not domiciled in the United States, an appointment of a domestic                                               |                                                        |  |  |  |  |  |
| representative should be attached.                                                                                                                    |                                                        |  |  |  |  |  |
| document from Assignment.)                                                                                                                            |                                                        |  |  |  |  |  |
| X Citizenship/State of Incorporation/Organization Delaware                                                                                            |                                                        |  |  |  |  |  |
| 5/1999 JSHABAZZ 00000126 75418628 FOR OFFICE USE ONLY                                                                                                 |                                                        |  |  |  |  |  |
| C:481 40.00 DP<br>C:482 50.00 DP                                                                                                                      |                                                        |  |  |  |  |  |

Public burden reporting for this collection of information is estimated to average approximately 30 minutes per Cover Sheet to be recorded, including time for reviewing the document and gathering the data needed to complete the Cover Sheet. Send comments regarding this burden estimate to the U.S. Patent and Trademark Office, Chief Information Officer, Washington, D.C. 20231 and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Paperwork Reduction Project (0651-0027), Washington, D.C. 20503. See OMB Information Collection Budget Package 0651-0027, Patent and Trademark Assignment Practice. DO NOT SEND REQUESTS TO RECORD ASSIGNMENT DOCUMENTS TO THIS

Mail documents to be recorded with required cover sheet(s) information to the Commissioner of Patents and Trademarks, Box Assignments , Washington, B.E. 2023

| FORM PTO-1<br>Expires 06/30/99<br>OMB 0651-0027                                                                                                                                                                      | 618B                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Page 2                              |                      | U.S. Department of Commerce Patent and Trademark Office TRADEMARK              |  |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|----------------------|--------------------------------------------------------------------------------|--|--|
| Domestic Representative Name and Address Enter for the first Receiving Party only.                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                     |                      |                                                                                |  |  |
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| Address (line 2)                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                     |                      |                                                                                |  |  |
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| Address (line 4)                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                     |                      |                                                                                |  |  |
| Correspondent Name and Address Area Code and Telephone Number (212) 697–5995                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                     |                      |                                                                                |  |  |
| Name [                                                                                                                                                                                                               | Amster, Rothstein &                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Ebenstein - ATT:                    | Neal S. Greenf       | ield, Esq.                                                                     |  |  |
| Address (line 1)                                                                                                                                                                                                     | 90 Park Avenue                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                     |                      |                                                                                |  |  |
| Address (line 2)                                                                                                                                                                                                     | ne 2) New York, New York 10016                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                     |                      |                                                                                |  |  |
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| Pages                                                                                                                                                                                                                | Enter the total number of including any attachments                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                     | conveyance docume    | ent # 3                                                                        |  |  |
| Enter either the                                                                                                                                                                                                     | Application Number(s)  Trademark Application Number of the process | <u>r</u> the Registration Number (l | OO NOT ENTER BOTH nu | lark if additional numbers attached mbers for the same property).  n Number(s) |  |  |
|                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                     |                      |                                                                                |  |  |
| Number of Properties Enter the total number of properties involved. # 3                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                     |                      |                                                                                |  |  |
| Fee Amount for Properties Listed (37 CFR 3.41): \$ 90.00                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                     |                      |                                                                                |  |  |
| Deposit A                                                                                                                                                                                                            | ccount<br>syment by deposit account or if ad                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | •                                   | er:     #L           | 01-1785<br>Yes K No                                                            |  |  |
| Statement a                                                                                                                                                                                                          | nd Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                     |                      |                                                                                |  |  |
| To the best of my knowledge and belief, the foregoing information is true and correct and any attached copy is a true copy of the original document. Charges to deposit account are authorized, as indicated herein. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                     |                      |                                                                                |  |  |
|                                                                                                                                                                                                                      | Greenfield<br>of Person Signing                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Signat                              |                      | February 18, 1999  Date Signed                                                 |  |  |
| ivalile (                                                                                                                                                                                                            | a reison signing                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Siglia                              | uic                  | Date Signed                                                                    |  |  |

## Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF AMENDMENT OF "INTERNATIONAL LOGISTICS LIMITED", CHANGING ITS NAME FROM "INTERNATIONAL LOGISTICS LIMITED" TO "GEOLOGISTICS CORPORATION", FILED IN THIS OFFICE ON THE SECOND DAY OF MARCH, A.D. 1998, AT 1 O'CLOCK P.M.

2592658 8100

2592658 8100

AUTHENTICATION:

DATE:

08-18-98

## CERTIFICATE OF AMENDMENT OF INTERNATIONAL LOGISTICS LIMITED

International Logistics Limited, a corporation organized and existing under and by virtue of the General Corporation Law of the State of Delaware (the "Corporation"), DOES HEREBY CERTIFY:

FIRST: That, by unanimous written consent of the Board of Directors of the Corporation dated February 16, 1998, resolutions were duly adopted setting forth the proposed amendment to the Amended and Restated Certificate of Incorporation of the Corporation, declaring said amendment to be advisable and directing its officers to submit said amendment to the stockholders of the Corporation for consideration thereof. The resolutions setting forth the proposed amendments are as follows:

**RESOLVED**, that Article I of the Corporation's Amended and Restated Certificate of Incorporation be amended to read as follows:

"The name of the Corporation is: "GeoLogistics Corporation" (hereinafter referred to as the "Company")."

SECOND: That, thereafter, by written consent of the holders of at least 80% of the voting stock of the Corporation, the necessary number of shares required by the Corporation's bylaws were voted in favor of the amendment. Prompt written notice in accordance with Section 228 of the General Corporation Law of the State of Delaware has been given to those stockholders of the Corporation and have not consented in writing.

THIRD: That said amendment was duly adopted in accordance with the provisions of Sections 242 and 228 of the General Corporation Law of the State of Delaware.

LA-1\113855\_2

STATE OF DELAWARE SECRETARY OF STATE DIVISION OF CORPORATIONS FILED 01:00 PM 03/02/1998 981079624 - 2592658

IN WITNESS WHEREOF. International Logistics Limited has caused this certificate to be signed by Roger E. Payton, its Chief Executive Officer, this 24 day of February, 1998.

oger E. Payton

LA-1\113855\_2

**RECORDED: 02/22/1999** 

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