

03-23-1999



100991104

3-17-99

RECORDATION FORM COVER SHEET TRADEMARKS ONLY

TO: The Commissioner of Patents and Trademarks: Please record the attached original document(s) or copy(ies).

Submission Type

- New
- Resubmission (Non-Recordation)
Document ID #
- Correction of PTO Error
Reel # Frame #
- Corrective Document
Reel # Frame #

Conveyance Type

- Assignment License
- Security Agreement Nunc Pro Tunc Assignment
Effective Date
Month Day Year
- Change of Name
- Other

Conveying Party

Mark if additional names of conveying parties attached

Name

Execution Date
Month Day Year

Formerly

- Individual General Partnership Limited Partnership Corporation Association
- Other

Citizenship/State of Incorporation/Organization

Receiving Party

Mark if additional names of receiving parties attached

Name

DBA/AKA/TA

Composed of

Address (line 1)

Address (line 2)

Address (line 3)

City

State/Country

Zip Code

- Individual General Partnership Limited Partnership If document to be recorded is an assignment and the receiving party is not domiciled in the United States, an appointment of a domestic representative should be attached. (Designation must be a separate document from Assignment.)
- Corporation Association
- Other

Citizenship/State of Incorporation/Organization

03/22/1999 DNGUYEN 00000099 1787170

FOR OFFICE USE ONLY

01 FC:481

40.00 OP

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 ADDRESS.

Mail documents to be recorded with required cover sheet(s) information to:
Commissioner of Patents and Trademarks, Box Assignments, Washington, D.C. 20231

TRADEMARK

REEL: 1871 FRAME: 0749

Domestic Representative Name and Address

Enter for the first Receiving Party only.

Name

Address (line 1)

Address (line 2)

Address (line 3)

Address (line 4)

Correspondent Name and Address

Area Code and Telephone Number

Name

Address (line 1)

Address (line 2)

Address (line 3)

Address (line 4)

Pages

Enter the total number of pages of the attached conveyance document including any attachments.

#

Trademark Application Number(s) or Registration Number(s)

Mark if additional numbers attached

Enter either the Trademark Application Number or the Registration Number (DO NOT ENTER BOTH numbers for the same property).

Trademark Application Number(s)			Registration Number(s)		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="1787170"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Number of Properties

Enter the total number of properties involved.

#

Fee Amount

Fee Amount for Properties Listed (37 CFR 3.41):

\$

Method of Payment:

Enclosed

Deposit Account

Deposit Account

(Enter for payment by deposit account or if additional fees can be charged to the account.)

Deposit Account Number:

#

Authorization to charge additional fees:

Yes

No

Statement and 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.

Brian L. Alpert

Name of Person Signing

Signature

Date Signed

OFFICE OF THE SECRETARY OF STATE



CERTIFICATE OF TRANSCRIPT

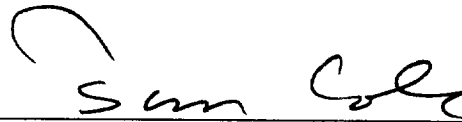
I THE UNDERSIGNED, Secretary of State of the State of Oklahoma, do hereby certify that the annexed transcript has been compared with the record on file in my office, of which it purports to be a copy, and that the same is a full, true and correct copy of:

AMENDED CERTIFICATE OF INCORPORATION

OF

STATE SERVICE SYSTEMS, INC.

IN TESTIMONY WHEREOF, I have hereunto set my hand and caused to be affixed the Great Seal of the State of Oklahoma at the City of Oklahoma City this 26th day, of February, 1999.



Secretary of State

By: 

TRADEMARK

REEL: 1871 FRAME: 0751

OFFICE OF THE SECRETARY OF STATE



AMENDED
CERTIFICATE OF INCORPORATION

WHEREAS, the Certificate of Incorporation, executed and acknowledged by
STATE SERVICE SYSTEMS, INC.

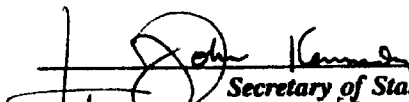
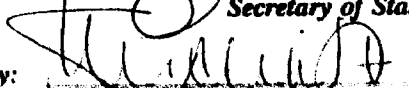
has been filed in the office of the Secretary of State as provided by the laws of the
State of Oklahoma.

NOW THEREFORE, I, the undersigned, Secretary of State of the State of
Oklahoma, by virtue of the powers vested in me by law, do hereby issue this
certificate evidencing such filing.

IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the
Great Seal of the State of Oklahoma.



Filed in the City of Oklahoma City this 14th
day of October, 19 93.


Secretary of State
By: 

DB 183216-009

FEE: \$50.00
(Minimum)

FILE IN DUPLICATE

PRINT CLEARLY

SOS CORP. KEY:

7
AMENDED
CERTIFICATE OF INCORPORATION
(After Receipt of Payment of Stock)

FILED
NOV 14 1993
OKLAHOMA SECRETARY
OF STATE
FOR OFFICE USE ONLY

PLEASE NOTE: This form **MUST** be filed with a letter from the Oklahoma Tax Commission stating the franchise tax has been paid for the current fiscal year. If the authorized capital is increased in excess of fifty thousand dollars (\$50,000.00), the filing fee shall be an amount equal to one-tenth of one percent (1/10 of 1%) of such increase.

TO THE SECRETARY OF STATE OF THE STATE OF OKLAHOMA, 101 State Capitol Bldg., Oklahoma City, OK 73105.

The undersigned Oklahoma corporation, for the purpose of amending its certificate of incorporation as provided by Section 1077 of the Oklahoma General Corporation Act, hereby certifies:

1. A. The name of the corporation is: STATE SUPPLY WAREHOUSE COMPANY

B. As amended. The name of the corporation has been changed to:

STATE SERVICE SYSTEMS, INC.

2. A. No change, as filed X.

B. As amended: The address of the registered office in the State of Oklahoma and the name of the registered agent at such address is:

NAME	STREET ADDRESS (P.O. BOXES ARE NOT ACCEPTABLE)	CITY	COUNTY	ZIP CODE
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3. A. No Change, as filed X.

B. As amended. The duration of the corporation is: _____

4. A. No change, as filed X.

B. As amended. The purpose or purposes for which the corporation is formed are:

5. A. No change, as filed X.

B. As amended. The aggregate number of the authorized shares, itemized by class, par value of shares, shares without par value, and series, if any, within a class is:

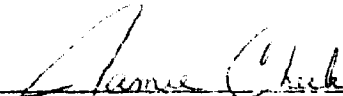
NUMBER OF SHARES	SERIES	PAR VALUE PER SHARE
Common _____		
Preferred _____		
TOTAL NO. SHARES _____		TOTAL AUTHORIZED CAPITAL _____

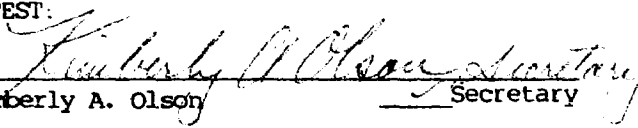
That at a meeting of the Board of Directors, a resolution was duly adopted setting forth the foregoing proposed amendment(s) to the Certificate of Incorporation of said corporation, declaring said amendment(s) to be advisable and calling a meeting of the shareholders of said corporation for consideration thereof.

That thereafter, pursuant to said resolution of its Board of Directors, a meeting of the shareholders of said corporation was duly called and held, at which meeting the necessary number of shares as required by statute were voted in favor of the amendment(s).

SUCH AMENDMENT(S) WAS DULY ADOPTED IN ACCORDANCE WITH 18 O.S., §1077.

IN WITNESS WHEREOF, said corporation has caused this certificate to be signed by its Vice President and attested by its Secretary, this 16th day of September, 19 93.


By Jamie Cheek, Executive Vice _____ President
JAMIE CHEEK
(PLEASE PRINT NAME)

ATTEST:

Kimberly A. Olson Secretary
(PLEASE PRINT NAME)

(SOS FORM 0004-11/86)



OKLAHOMA TAX COMMISSION

STATE OF OKLAHOMA

2501 LINCOLN BLVD.

OKLAHOMA CITY, OKLAHOMA 73194

ROBERT E. ANDERSON, Chairman
ROBERT L. WADLEY, Vice-Chairman
DON KILPATRICK, Sec'y-Member

BUSINESS TAX
(405) 521-3161

September 2, 1993

John Kennedy
Secretary of State
State Capitol Building
Oklahoma City, OK 73105

RE: State Supply Warehouse Company

QUALIFIED: 10-15-63

Dear Mr. Kennedy:

This is to certify that the records of this office show that the referenced corporation has filed a Franchise Tax Return and is in good standing through June 30, 1994.

No certification is made as to any corporate Franchise Taxes which may be due but not yet assessed, nor which have been assessed and protested. This letter may not, therefore, be accepted for purposes of dissolution or withdrawal.

Sincerely,

Jeff Kiser, Supervisor
Franchise Tax Section

JK:ms

REMITTANCES SHOULD BE MADE TO THE OKLAHOMA TAX COMMISSION AND REFER TO DIVISION