

FORM PTO 1618A
Expires 06/30/99
OMB 0651-0027

12-29-1999

U.S. Department of Commerce
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TRADEMARK

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

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- Correction of PTO Error
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Conveyance Type

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

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

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Name

DBA/AKA/TA

Composed of

Address (line 1)

Address (line 2)

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Individual General Partnership Limited Partnership

Corporation Association

Other

Citizenship/State of Incorporation/Organization

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.)

12/28/1999 JSHABAZZ 00000139 1823880

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Mail documents to be recorded with required cover sheet(s) information to:
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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)

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

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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="1823880"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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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:

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Authorization to charge additional fees:

Yes

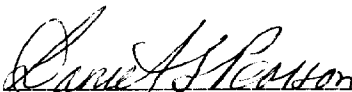
No

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.

Daniel S. Pearson

Name of Person Signing



Signature

12/20/99

Date Signed

Secretary of State
Business Services and Regulation
 Suite 315, West Tower
 2 Martin Luther King Jr. Dr.
 Atlanta, Georgia 30334-1530

TRANSACTION NUMBER: 91326430 (431)
 CONTROL NUMBER : 8701816
 DATE INCORPORATED : 11/10/86
 DATE AMENDED : 01/01/92
 EXAMINER : DONNA HYDE
 TELEPHONE : 404-656-0624

REQUESTED BY:

COLEMAN & DEMPSEY
 ARLENE L. COLEMAN
 TWO RAVINIA DRIVE, SUITE 1250
 ATLANTA, GEORGIA 30346

CERTIFICATE OF AMENDMENT

I, MAX CLELAND, Secretary of State and Corporations
 Commissioner of the State of Georgia do hereby certify, under the
 seal of my office, that the articles of incorporation of

"COMPUTER TEMPS, INC."

have been duly amended under the laws of the State of Georgia,
 changing its name to

"COMPUTEREXPERTS, INC."

by the filing of articles of amendment in the office of the Secretary of State and the fees therefor paid, as provided by law, and that attached hereto is a true and correct copy of said articles of amendment.

WITNESS, my hand and official seal, in the City of Atlanta and the State of Georgia on the date set forth below.

DATE: NOVEMBER 22, 1991
 FORM A3 (JULY 1989)

Max Cleland

MAX CLELAND
 SECRETARY OF STATE

Verley J. Spivey

VERLEY J. SPIVEY
 DEPUTY SECRETARY OF STATE

