FORM PTO 1618A Expires 06/30 RECEIVED

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# RECORDATION FORM COVER SHEET TRADEMARKS ONLY

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Conveying Party	Mark if additional names of conveying parties attached Execution Date
Name COMPUTER TEMPS, INC.	Month Day You 11 22 9
Formerly	
Individual General Partnership	Limited Partnership X Corporation Associati
Other	
X Citizenship/State of Incorporation/Organiza	ation GA
Receiving Party	Mark if additional names of receiving parties attached
Name COMPUTED VDEDTO INC	A STATE OF THE STA
Name COMPUTERXPERTS, INC.	
DBA/AKA/TA	
DBA/AKA/TA	
DBA/AKA/TA  Composed of	
Composed of  Address (line 1) Suite 206  Address (line 2) 1372 Peachtree Street	GA USA 30309
DBA/AKA/TA  Composed of  Address (line 1) Suite 206	State/Country Zip Code Limited Partnership If document to be recorded is an assignment and the receiving party i
Composed of  Address (line 1) Suite 206  Address (line 2) 1372 Peachtree Street  Address (line 3) Atlanta  Individual General Partnership  X Corporation Association  Other  X Citizenship/State of Incorporation/Organiza	State/Country  Limited Partnership  If document to be recorded is an assignment and the receiving party i not domiciled in the United States, are appointment of a domestic representative should be attached.  (Designation must be a separate document from Assignment.)

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: Commissioner of Patents and Trademarks, Box Assignments , Washington, D.C. 20231

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Correspondent Name and Address Area Code and Telephone Number 404-888-0800				
Name Daniel	S. Pearson, Presiden	t		
Address (line 1) Comp	uterXperts, Inc.			
Address (line 2) 1372 Peachtree Street, Suite 206				
Address (line 3) Atlanta, Georgia 30309				
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Pages Enter the total number of pages of the attached conveyance document # 3				
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Enter either the Trademark Application Number or the Registration Number (DO NOT ENTER BOTH numbers for the same property).				
Trademark	Application Number(s)	Regis	stration Number(s)	
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Fee Amount Fee Amount for Properties Listed (37 CFR 3.41): \$ 40.00				
Method of Payment: Enclosed X 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				
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. Pe	earson ,	Lang Al Cartin	12/20/99	
Name of Perso	on Signing	Signature	Date Signed	

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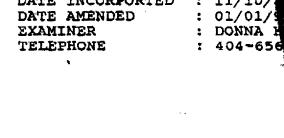
Secretary of State Business Services and Regulation

Suite 315, Mest Cower 2 Martin Auther Ling Ir. Br. Atlanta Georgia 30334-1530

TRANSACTION NUMBER: 913264)

CONTROL NUMBER : 870181

DATE INCORPORTED : 11/10/



#### 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

### "COMPUTERXPERTS, 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 SECRETARY OF STATE

VERLEY J. SPIVEY DEPUTY SECRETARY OF STATE

SECURITIES

CEMETERIES

COD DOD ATTONIC

TOTAL F.S.

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