

03-17-2000



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WOPR/FINANCE

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

Execution Date  
Month Day Year  
02181999

Name

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/AK/A/T/A

Composed of

Address (line 1)

Address (line 2)

Address (line 3)

City

State/Country

Zip Code

- Individual  General Partnership  Limited Partnership  Association
- Corporation  Association
- Other

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.)

Citizenship/State of Incorporation/Organization

FOR OFFICE USE ONLY

03/16/2000 JSH/BAZZ 00000152 29055922

01 FC:481  
02 FC:482

40.00 OP  
100.00 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

**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="29055922"/>	<input type="text" value="1819784"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="1941132"/>	<input type="text" value="1821119"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="1688832"/>	<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

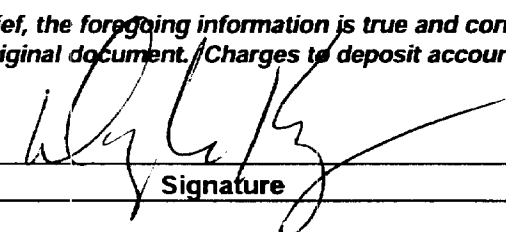
No

**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.

Douglas W. Kenyon

Name of Person Signing



Signature

February 8, 2000

Date Signed

Secretary of State  
Corporations Division  
315 West Tower  
#2 Martin Luther King, Jr. Dr.  
Atlanta, Georgia 30334-1530

DOCKET NUMBER K90490390  
CONTROL NUMBER K01497400  
EFFECTIVE DATE 02/18/1999  
REFERENCE 0045  
PRINT DATE 02/18/1999  
FORM NUMBER 611

JOAN A. MARTIN  
EQUIPAX INC.  
1600 PEACHTREE ST., N.W.  
ATLANTA, GA 30309

CERTIFICATE OF NAME CHANGE AMENDMENT

I, Cathy Cox, the Secretary of State and the Corporations  
Commissioner of the State of Georgia, do hereby certify under the  
seal of my office that

GOLDLEAF TECHNOLOGIES, INC.  
A DOMESTIC-PROFIT CORPORATION

has filed articles of amendment in the Office of the Secretary of  
State changing its name to

EQUIPAX E-BANKING SOLUTIONS, INC.

and has paid the required fees as provided by Title 14 of the  
Official Code of Georgia Annotated. 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 above.



*Cathy Cox*

Cathy Cox  
Secretary of State

1290490390

ARTICLES OF AMENDMENT  
TO THE ARTICLES OF INCORPORATION  
OF  
GOLDLEAF TECHNOLOGIES, INC.

Pursuant to the provisions of Section 14-2-1006 of the Georgia Business Corporation Code (the "Code"), the undersigned corporation adopts the following Amendment to its Articles of Incorporation:

1. The name of the corporation is Goldleaf Technologies, Inc.
2. The Articles of Incorporation of the Corporation are hereby amended by deleting Article i thereof in its entirety and substituting therefor a new Article i to read as follows:

"The name of the corporation is:  
Equifax E-Banking Solutions, Inc."

3. The above amendment was adopted on February 12, 1999.
4. The above amendment was duly adopted and approved by the Board of Directors of the Corporation without shareholder action. In accordance with the provisions of Section 14-2-1002(6) of the Code, shareholder action was not required.

IN WITNESS WHEREOF, the undersigned authorized officer of the Corporation has executed this amendment on behalf of the Corporation, this 18<sup>th</sup> day of February, 1999.

GOLDLEAF TECHNOLOGIES, INC.

By: Joan A. Martin  
Name: Joan A. Martin  
Title: Assistant Secretary

SECRETARY OF STATE  
FEB 18 10 06 AM '99  
BSN

CERTIFICATE VERIFYING REQUEST FOR PUBLICATION

The undersigned, an authorized officer of Goldleaf Technologies, Inc., verifies that the request for publication of a notice of Intent to file the Articles of Amendment to the Articles of Incorporation of Goldleaf Technologies, Inc., and payment therefor, are being made as required by subsection (b) of O.C.G.A. §14-2-1006.1.

By: Joan A. Martin

Name: Joan A. Martin

Title: Assistant Secretary

# Secretary of State

Business Services and Regulation

Suite 306, West Tower

2 Martin Luther King Jr. Dr.

Atlanta, Georgia 30334

9

CHARTER NUMBER : 9014974 DP  
COUNTY : LOWNDES  
DATE INCORPORATED : 08/08/90  
EXAMINER : SANDRA SNOW  
TELEPHONE : 656-2811

**REQUESTED BY:**  
POWELL GOLDSTEIN/A.M. KARABON  
35 BROAD ST. NW  
ATLANTA GEORGIA 30335

## CERTIFICATE OF INCORPORATION

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

**"GOLDFLEAF TECHNOLOGIES, INC."**

has been duly incorporated under the laws of the State of Georgia on the date set forth above, by the filing of articles of incorporation in the office of the secretary of State and the fees therefor paid, as provided by law, and that attached hereto is a true copy of said articles of incorporation.

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

DATE: AUGUST 13, 1990  
FORM A1 (JULY 1989)

*Max Cleland*

MAX CLELAND  
SECRETARY OF STATE



SECURITIES  
656-2894

CEMETERIES  
656-3079

CORPORATIONS  
656-2517

CORPORATIONS HOT-LINE  
404-656-2222

**GOLDLEAF TECHNOLOGIES, INC.  
ARTICLES OF INCORPORATION**

**I.**

The name of the Corporation is:

**GOLDLEAF TECHNOLOGIES, INC.**

**II.**

The Corporation shall have authority to issue One Hundred Thousand (100,000) shares of stock.

**III.**

The initial registered office of the Corporation shall be at 110 Main Street, Post Office Box 600, Milledgeville, Georgia 31632 in Lowndes County. The initial registered agent of the Corporation at such address shall be Paul W. Johnson.

**IV.**

The name and address of the incorporator is:

Anthony J. Karabon  
Powell Goldstein, Frazer & Murphy  
1100 S National Bank Building  
35 Broad Street, N.W.  
Atlanta, Georgia 30335

201 14 100

V.

The mailing address of the initial principal office of the Corporation is 110 Main Street, Post Office Box 608, Mahira, Georgia 31632.

VI.

The initial Board of Directors shall consist of three (3) members who shall be and whose addresses are:

Bobby C. Watherington  
Route 1, Box 4  
Mahira, Georgia 31632

David L. Peterson  
305 Barfield Street  
Mahira, Georgia 31632

Paul W. Johnson  
Route 3, Box 2296  
Mahira, Georgia 31632

VII.

No director shall have any personal liability to the Corporation or to its shareholders for monetary damages for breach of duty of care or other duty as a director, by reason of any act or omission occurring subsequent to the date when this provision becomes effective, except that this provision shall not eliminate or limit the liability of a director for (a) any appropriation, in violation of the director's duties, of any business opportunity of the Corporation; (b) acts or omissions which involve intentional misconduct or a knowing violation of law; (c) liabilities of a director imposed by Section 14-2-832 of the Georgia Business Corporation Code; or (d) any transaction

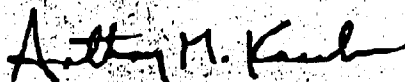


from which the director derived an improper material tangible personal benefit.

VIII.

Any action required by law or by the Bylaws of the Corporation to be taken at a meeting of the shareholders of the Corporation, and any action which may be taken at a meeting of the shareholders, may be taken without a meeting if a written consent, setting forth the action so taken, shall be signed by persons entitled to vote at a meeting those shares having sufficient voting power to cast not less than the minimum number of votes that would be necessary to authorize or take such action at a meeting at which all shares entitled to vote were present and voted. Notice of such action without a meeting by less than unanimous written consent shall be given within ten (10) days of the taking of such action to those shareholders of record on the date when the written consent is first executed and whose shares were not represented on the written consent.

IN WITNESS WHEREOF, the undersigned has executed these Articles of Incorporation.

  
ANTHONY M. KARABON  
Incorporator

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c4058.000.8

AM 8 4 01 PM '88  
REGISTER OF STATE

**CERTIFICATE OF INCORPORATOR REGARDING**  
**REQUEST FOR PUBLICATION OF**  
**NOTICE OF INTENT TO INCORPORATE**

The undersigned incorporator of Goldleaf Technologies, Inc., a corporation to be formed pursuant to the Georgia Business Corporation Code, hereby certifies that the request for publication of a notice of intent to file the Articles of Incorporation of Goldleaf Technologies, Inc., and payment therefor, have been made as required by Section 14-2-201.1(b) of the Georgia Business Corporation Code.

This 8th day of August, 1990.

  
\_\_\_\_\_  
Anthony M. Karabon,  
Incorporator

21170402



MAX CLELAND  
Secretary of State  
State of Georgia

BUSINESS SERVICES AND REGULATION  
Suite 315, West Tower  
2 Martin Luther King Jr., Drive  
Atlanta, Georgia 30334  
(404) 656-2817

A100

Eff. 7/1/89  
J. F. GULLION  
Director

ARTICLES OF INCORPORATION DATA ENTRY FORM  
FOR GEORGIA CORPORATIONS

Filing Date: 8/8/90	Code:	Docket Number:
Assigned Exam:	Amount: \$	By: ZD
Charter Number: 4014974	Completed: 8/13/90	

DO NOT WRITE ABOVE THIS LINE - SOS USE ONLY

NOTICE TO APPLICANT: PRINT PLAINLY OR TYPE THE REMAINDER OF THIS FORM.

II. Corporate Name: GOLDLEAF TECHNOLOGIES, INC.			
Mailing Address: 110 Main Street, P. O. Box 608			
City: Mableton	County: Lowndes	State: Georgia	Zip Code: 31632
III. Fees Submitted By: Powell, Goldstein, Frazer & Murphy			
Amount Enclosed: \$ 70.00		Check Number: 43575	
IV. Incorporator: Anthony M. Karabon			
Address: c/o Powell, Goldstein, Frazer & Murphy 1100 C & S National Bank Building, 35 Broad St., N.W.			
City: Atlanta	State: Georgia	Zip Code: 30335	
Incorporator:			
Address:			
City:	State:	Zip Code:	
V. Registered Agent/Office: Paul W. Johnson			
Address: 110 Main Street, P.O. Box 608			
City: Mableton	County: Lowndes	State: Georgia	Zip Code: 31632
VI. ARTICLES OF INCORPORATION FILING CHECK-OFF LIST			
1. Original and one conformed copy of Articles of Incorporation		Applicant	Examiner
2. Corporate name verification number 90218545		x	
3. Authorized shares stated		x	
4. Incorporator's signature		x	
5. Post effective date, if applicable			
6. Number of pages attached:			
VII. Applicant/Attorney: Anthony M. Karabon		Telephone: (404) 572-6904	
Address: c/o Powell, Goldstein, Frazer & Murphy 1100 C & S National Bank Building, 35 Broad St., N.W.			
City: Atlanta	State: Georgia	Zip Code: 30335	

NOTICE: Attach original and one copy of the Articles of Incorporation and the Secretary of State filing fee (\$60.00). Mail or deliver to the above address. This form does not replace the Articles of Incorporation.

I understand that the information on this form will be used in the Secretary of State Corporate database. I certify that a notice of intent to incorporate and a publishing fee of \$40.00 has been mailed or delivered to an authorized newspaper, as required by law.

Signed: Anthony M. Karabon Date: 8-8-90

**Secretary of State**  
**Corporations Division**  
**315 West Tower**  
**#2 Martin Luther King, Jr. Dr.**  
**Atlanta, Georgia 30334-1530**

DOCKET NUMBER : 000390631  
CONTROL NUMBER : K014974  
DATE INC/AUTH/FILED: 08/08/1990  
JURISDICTION : GEORGIA  
PRINT DATE : 02/08/2000  
FORM NUMBER : 215

HUNTON & WILLIAMS  
BANK OF AMERICA PLAZA, STE. 4100  
600 PEACHTREE STREET, NE  
ATLANTA, GA 303082216

**CERTIFIED COPY**

I, Cathy Cox, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that the attached documents are true and correct copies of documents filed under the name of

**EQUIFAX E-BANKING SOLUTIONS, INC.**  
**A DOMESTIC PROFIT CORPORATION**

Said entity was formed in the jurisdiction set forth above and has filed in the Office of Secretary of State on the date set forth above its certificate of limited partnership, articles of incorporation, articles of association, articles of organization or application for certificate of authority to transact business in Georgia.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence of the existence or nonexistence of the facts stated herein.



A handwritten signature in black ink, appearing to read "Cathy Cox".

Cathy Cox  
Secretary of State