

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

<input type="text" value="2055922"/>	<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.)

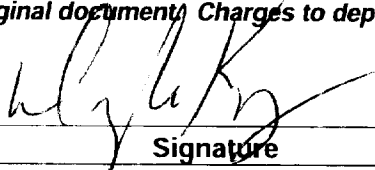
Deposit Account Number: #

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.

Douglas W. Kenyon
Name of Person Signing



Signature

August 7, 2000
Date Signed

07-21-2000



101389549

7-10-2000

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		Conveyance Type	
<input type="checkbox"/> New	<input type="checkbox"/> Resubmission (Non-Recordation) Document ID # <input type="text"/>	<input type="checkbox"/> Assignment	<input type="checkbox"/> License
<input type="checkbox"/> Correction of PTO Error Reel # <input type="text"/> Frame # <input type="text"/>	<input type="checkbox"/> Corrective Document Reel # <input type="text"/> Frame # <input type="text"/>	<input type="checkbox"/> Security Agreement	<input type="checkbox"/> Nunc Pro Tunc Assignment Effective Date Month Day Year <input type="text"/>
		<input type="checkbox"/> Merger	
		<input type="checkbox"/> Change of Name	
		<input checked="" type="checkbox"/> Other	Document previously recorded at Reel/Frame 2035/0337 contained an error, incorrect number, document recorded to correct error on stated reel.

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 Corporation Association

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.)

FOR OFFICE USE ONLY

charge 140.00
NO SPEC FEE

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: 002136 FRAME: 0059

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

9198993076

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="2055922"/>	<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.

#

5

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

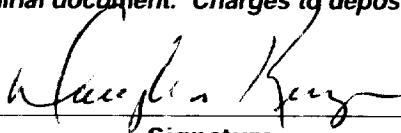
No

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

July 6, 2000

Date Signed

03-17-2000



101291966

MAD
2.10.00

RECEIVED
210 FEB 10 AM 10:19

COOPR/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 _____
- Merger
- Change of Name
- Other _____

Conveying Party

Mark if additional names of conveying parties attached

Name Goldleaf Technologies, Inc.

Execution Date
Month Day Year
02181999

Formerly _____

- Individual
- General Partnership
- Limited Partnership
- Corporation
- Association
- Other _____
- Citizenship/State of Incorporation/Organization Georgia

Receiving Party

Mark if additional names of receiving parties attached

Name Equifax E-Banking Solutions, Inc.

DBA/AKA/TA _____

Composed of _____

Address (line 1) 100 W. Main Street

Address (line 2) _____

Address (line 3) Hahira

GA

31632

City

State/Country

Zip Code

- Individual
- General Partnership
- Limited Partnership
- 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.)
40.00 DP
100.00 DP
40.00 DP
100.00 DP

- Citizenship/State of Incorporation/Organization Georgia

FOR OFFICE USE ONLY

03/16/2000 JSHRBAZZ 00000152 29055922

01 FC:481
02 FC:482

40.00 DP
100.00 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 THE ADDRESS.

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

07/24/2000 JSHRBAZZ 00000047 2055922
01 FC:481
02 FC:482

03/16/2000 JSHRBAZZ 00000152 29055922
01 FC:481
02 FC:482

TRADEMARK

REEL: 002136 FRAME: 0061

Domestic Representative Name and Address

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Name

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Address (line 3)

Address (line 4)

Correspondent Name and Address

Area Code and Telephone Number

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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"/>

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Method of Payment: Enclosed Deposit Account

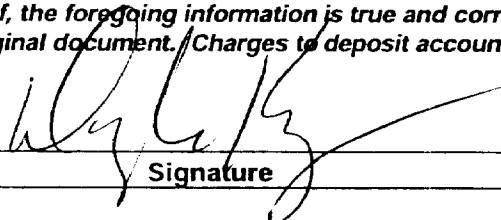
Deposit Account (Enter for payment by deposit account or if additional fees can be charged to the account.)
Deposit Account Number: #

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: X90490190
CONTROL NUMBER: K014974
EFFECTIVE DATE: 02/18/1999
REFERENCE: 0045
PRINT DATE: 02/18/1999
FORM NUMBER: 611

JOAN A. MARTIN
EQUIFAX 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

EQUIFAX 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
Secretary of State

1690490390

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 17, 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 18th 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
BSR

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

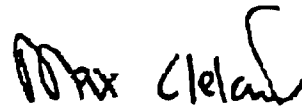
I, MAX CLELAND, Secretary of State and the Corporations Commissioner of the State of Georgia do hereby certify, under the seal of my office, that

"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
SECRETARY OF STATE



SECURITIES
656-2894

CEMETERIES
656-3079

CORPORATIONS
656-2817

CORPORATIONS HOT-LINE
404-636-2222

**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 604, Mableton, 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

MAR 14 1980

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 G. 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

21170401.MP5
C4056.000.8

AUG 8 4 01 PM '88

SECRETARY 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

I. Filing Date: 8/1/90 Code: _____ Docket Number: _____
Assigned Exam: _____ Amount: \$ _____ By: Zd
Charter Number: 4014970 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: Mahira 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 R. Johnson
Address: 110 Main Street, P.O. Box 608
City: Mahira County: Lowndes State: Georgia Zip Code: 31632

VI. ARTICLES OF INCORPORATION FILING CHECK-OFF LIST	Applicant	Examiner
1. Original and one conformed copy of Articles of Incorporation	<input checked="" type="checkbox"/>	
2. Corporate name verification number <u>90218545</u>	<input checked="" type="checkbox"/>	
3. Authorized shares stated	<input checked="" type="checkbox"/>	
4. Incorporator's signature	<input checked="" type="checkbox"/>	
5. Post effective date, if applicable		
6. Number of pages attached:		

VII. Applicant/Attorney: Anthony M. Karabon Telephone: (404) 572-6994
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: 8-1-90

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". The signature is fluid and cursive.

Cathy Cox
Secretary of State