FORM PTO-1618A Expires 08/30/99 OMB 0651-0027

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07-23-2002



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Submission Type	Conveyance Type				
X New 7-11-02	Assignment License				
Resubmission (Non-Recordation) Document ID #	Security Agreement Nunc Pre-Tunc Assignment				
Correction of PTO Error Reel # Frame #	Merger Monta Day Year				
Reel # Frame # Corrective Document	X Change of Name				
Reel # Frame #	Other				
Conveying Party	Mark if additional names of conveying parties attached Execution Date				
Name BENEFITS 2000 INC.	Month Day Year				
	03192002				
Formerly					
Individual General Partnership	Limited Partnership X Corporation Association				
Other					
X Citizenship/State of Incorporation/Organizat	tion WISCONSIN				
Receiving Party	Mark if additional names of receiving parties attached				
Name THE FLEX COMPANY OF AME	ERICA, INC.				
DBA/AKA/TA					
Composed of					
Address (Sine 1) 155 SOUTH EXECUTIVE DRIV	VE, SUITE 212				
	VE, SOITE 212				
Address (line 2)					
Address (Fine 3) BROOKFIELD City	WISCONSIN 53005-4201 Zip Code				
Individual General Partnership	Limited Partnership If document to be recorded is an assignment and the receiving party is				
X Corporation Association not domiciled in the United States, an appointment of a domestic					
Other	representative should be attached. (Designation must be a separate document from Assignment.)				
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Mail documents to be recorded with required cover sheet(s) information to LONG Commissioner of Patents and Trademarks, Box Assignments, Washington, b.C. 2023

**REEL: 2547 FRAME: 0528** 

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Name	JAMES E. SHLESIN	GER, ESQ.				
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Deposit Account  (Enter for payment by deposit account or if additional fees can be charged to the account.)  Deposit Account Number: # 19-2105						
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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.						
James F	E. Shlesinger	Jun 51	ple _	Jala	11,700 Z	
	of Person Signing	Sign	nature	—— <i>—</i> ——	)ate Signed	

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## State of Wisconsin State of FINANCIAL INSTITUTIONS Division of Corporate & Consumer Services



## ARTICLES OF AMENDMENT – STOCK, FOR-PROFIT CORPORATION

A. The present corporate name (prior to any change effected by this amendment) is:

BENEFITS 2000 INC.

Text of Amendment (Refer to the existing articles of incorporation and the instructions on the reverse of this form. Determine those items to be changed and set forth the number identifying the paragraph in the articles of incorporation being changed and how the amended paragraph is to read.)

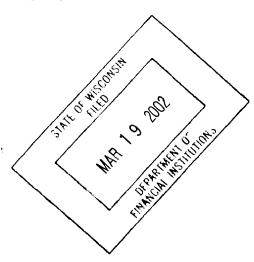
RESOLVED, THAT the articles of incorporation be amended as follows:

Article 1 of the Corporation's Articles of Incorporation shall be amended to read as follows:

ARTICLE 1

The name of the Corporation is The Flex Company of America, Inc.





 $FILING\ FEE\ -\ \$40.00\ \ \ \text{See instructions, suggestions and procedures on following pages.}$ 

DFI/CORP/4(R09/01) Use of this form is voluntary.

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В.	Amendment(s) adopted on				
(In	dicate the method of adoption by checking $(X)$ the appropriate choice below.)				
OD	In accordance with sec. 180.1002, Wis. Stats. (By the Board of Directors)				
OR	In accordance with sec. 180.1003, Wis. Stats. (By the Board of Directors and Shareholders)				
OR	In accordance with sec. 180.1005, Wis. Stats. (By Incorporators or Board of Directors, before issuance of shares)				
C.	Executed on 02/24/02 Went Rus (C)				
	(Date) (Signature)  le: President X Secretary other officer title (Printed name)				
Thi	is document was drafted by Cynthia Josephson  (Name the individual who drafted the document)				

INSTRUCTIONS (Ref. sec. 180.1006 Wis. Stats. for document content)

Submit one original and one exact copy to Dept. of Financial Institutions, P O Box 7846, Madison WI, 53707-7846, together with a **FILING FEE of \$40.00** payable to the department. (If sent by Express or Priority U.S. mail, address to 345 W. Washington Ave., 3<sup>rd</sup> Floor, Madison WI, 53703). This document can be made available in alternate formats upon request to qualifying individuals with disabilities. The original must include an original manual signature, per sec. 180.0120(3)(c), Wis. Stats. Upon filing, the information in this document becomes public and might be used for purposes other than that for which it was originally furnished. If you have any questions, please contact the Division of Corporate & Consumer Services at 608-261-7577. Hearing-impaired may call 608-266-8818 for TTY.

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