

Form PTO-1594
(Rev. 03/01)
OMB No 0651-0027 (exp. 5/31/2002)
Tab settings ⇨ ⇨ ⇨

RECORDATION FORM COVER SHEET
TRADEMARKS ONLY

U.S. DEPARTMENT OF COMMERCE
U.S. Patent and Trademark Office

To the Honorable Commissioner of Patents and Trademarks Please record the attached original documents or copy thereof

1. Name of conveying party(ies):
Randstad Staffing Services USA, Inc

Individual(s) Association
 General Partnership Limited Partnership
 Corporation-State GA
 Other _____

Additional name(s) of conveying party(ies) attached? Yes No

3. Nature of conveyance:
 Assignment Merger
 Security Agreement Change of Name
 Other to correct type of entity of conveying party

Execution Date: July 1, 1999

2. Name and address of receiving party(ies)
Name: Randstad Staffing Services, Inc.
Internal Address: _____
Street Address: _____
City: Atlanta State GA Zip 30339

Individual(s) citizenship _____
 Association _____
 General Partnership _____
 Limited Partnership _____
 Corporation-State GA
 Other _____

If assignee is not domiciled in the United States, a domestic representative designation is attached Yes No
 (Designations must be a separate document from assignment)
 Additional name(s) & address(es) attached? Yes No

4. Application number(s) or registration number(s):
A. Trademark Application No.(s)
B. Trademark Registration No.(s)
1,506,238

Additional number(s) attached Yes No

6. Total number of applications and registrations involved: 1

7. Total fee (37 CFR 3.41): .. \$ 40.00
 Enclosed
 Authorized to be charged to deposit account

8. Deposit account number:
20-1507

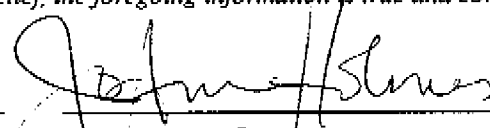
(Attach duplicate copy of this page if paying by deposit account)

5. Name and address of party to whom correspondence concerning document should be mailed:

Name: JoAnn M. Holmes, Esq
 Internal Address: Troutman Sanders LLP
Bank of America Plaza
Suite 5200
 Street Address: 600 Peachtree Street NE
 City: Atlanta State GA Zip: 30308

DO NOT USE THIS SPACE

9. 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.

JoAnn M. Holmes, Esq.  5-8-03
 Name of Person Signing Signature Date

Total number of pages including cover sheet, attachments, and document: 7

Mail documents to be recorded with required cover sheet information to:
Commissioner of Patent & Trademarks, Box Assignments, Washington, D.C. 20231

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From-TROUTMAN SANDERS

04/28/2003

T-396 P.002/006 F-371

Form 990-1384 (Rev. 03/01) **RECORDING SHEET TRADEMARKS ONLY** U.S. DEPARTMENT OF COMMERCE U.S. Patent and Trademark Office

Case No. 0651-0027 (exp. 03/1/2003)

The settings $\Rightarrow \Rightarrow \Rightarrow$

To the Honorable Commissioner of Patents and Trademarks: Please review the attached original document or copy thereof.

1. Name of conveying party(ies):
Random Staffing Services USA, Inc.

Individual(s) Association
 General Partnership Limited Partnership
 Corporation-State GA
 Other _____

Additional number(s) of conveying party(ies) attached? Yes No

2. Name and address of receiving party(ies)

Name: Random Staffing Services, Inc.
 Internal Address: _____
 Address: _____
 Street Address: 2015 South Park Place
 City: Atlanta State: GA Zip: 30330

Individual(s) or partnership
 Association
 General Partnership
 Limited Partnership
 Corporation-State GA
 Other _____

If this name is not identical to the State Statute's corporate registration or organization name: Yes No
 If this name is not identical to the State Statute's corporate registration or organization name: Yes No

3. Nature of conveyance:

Assignment Merger
 Security Agreement Change of Name
 Other _____

Execution Date: July 1, 1999

4. Application number(s) or registration number(s):
 A. Trademark Application No.(s)

Additional number(s) attached? Yes No

B. Trademark Registration No.(s)
1,506,358

5. Name and address of party to whom correspondence concerning documents should be mailed:

Name: John M. Houser, Esq.
 Internal Address: Troutman Sanders LLP
Bank of America Plaza
Suite 5200
 Street Address: 600 Peachtree Street NE
 City: Atlanta State: GA Zip: 30308

6. Total number of applications and registrations involved: 1


7. Total fee (\$7 Copy 3 +1) \$ _____
 Enclosed
 Authorized to be charged to deposit account

8. Deposit account number
30-1587

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9. 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.

John M. Houser, Esq.  4/28/03
 Name of Person Signing Signature Date

Total number of pages including cover sheet, this sheet, and attachments: 4

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