

Form PTO-1594 (Rev. 10/02) OMB No. 0651-0027 (exp. 6/30/2005)

RECORDATION FORM COVER SHEET TRADEMARKS ONLY

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

Tab settings

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

1. Name of conveying party(ies):

AFBA Financial Services Company

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

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

3. Nature of conveyance:

- Assignment Merger Security Agreement Change of Name Other Resubmission of Change of Name

Execution Date: 10/20/00

2. Name and address of receiving party(ies)

Name: 5 Star Financial Co.

Internal Address:

Street Address: 909 North Washington Street

City: Alexandria State: VA Zip: 22314-1156

- Individual(s) citizenship Association General Partnership Limited Partnership Corporation-State Virginia 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) 2,711,829

Additional number(s) attached Yes No

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

Name: Marcia A. Auberger

Internal Address: Venable LLP

P.O. Box 34385

Street Address:

City: Washington State: DC Zip: 20043-9993

6. Total number of applications and registrations involved:

1

7. Total fee (37 CFR 3.41).....\$

- Enclosed Authorized to be charged to deposit account

8. Deposit account number:

DO NOT USE THIS SPACE

9. Signature.

Marcia A. Auberger Name of Person Signing

Marcia Auberger Signature

9/10/03 Date

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

5

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


OPR/ASSIGNMENTS

9/9/03 4:27 PAGE 3/4 RightFAX

002

09/08/03 11:44 FAX 202 962 8300

VENABLE
09/08/2003
700043088

Form PTO-3524 (Rev. 10/02) CMB No. 0651-0027 (exp. 8/30/2005) 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): AFBA Financial Services Company <input type="checkbox"/> Individual(s) <input type="checkbox"/> Association <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership <input checked="" type="checkbox"/> Corporation-State <input type="checkbox"/> Other _____ Additional name(s) of conveying party(ies) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			2. Name and address of receiving party(ies) Name: <u>5 Star Financial Co.</u> Internal _____ Address: _____ Street Address: <u>909 North Washington Street</u> City: <u>Alexandria</u> State: <u>VA</u> Zip: <u>22314-1158</u> <input type="checkbox"/> Individual(s) citizenship _____ <input type="checkbox"/> Association _____ <input type="checkbox"/> General Partnership _____ <input type="checkbox"/> Limited Partnership _____ <input checked="" type="checkbox"/> Corporation-State <u>Virginia</u> <input type="checkbox"/> Other _____ <small>If assignee is not domiciled in the United States, a domestic representative designation is attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Designations must be a separate document from assignment) Additional name(s) & address(es) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</small>		
3. Nature of conveyance: <input type="checkbox"/> Assignment <input type="checkbox"/> Merger <input type="checkbox"/> Security Agreement <input checked="" type="checkbox"/> Change of Name <input type="checkbox"/> Other _____ Execution Date: <u>10/20/00</u>			4. Application number(s) or registration number(s): A. Trademark Application No.(s) _____ _____ Additional number(s) attached <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No B. Trademark Registration No.(s) <u>2,711,829</u>		
5. Name and address of party to whom correspondence concerning document should be mailed: Name: <u>Marcia A. Auberger</u> Internal Address: <u>Venable LLP</u> <u>P.O. Box 34385</u> Street Address: _____ City: <u>Washington</u> State: <u>DC</u> Zip: <u>20043-0888</u>			6. Total number of applications and registrations involved: <u>1</u> 7. Total fee (37 CFR 3.41): \$ <u>40.00</u> <input type="checkbox"/> Enclosed <input checked="" type="checkbox"/> Authorized to be charged to deposit account 8. Deposit account number: <u>22-0281 Atty Ref. No. 27908-181062</u>		
DO NOT USE THIS SPACE					
9. Signature. <u>Marcia A. Auberger</u> Name of Person Signing			 Signature <u>9/8/03</u> Date		
TOTAL NUMBER of pages including cover sheet, attachments, and documents: <u>1</u>					
Mail documents to be recorded with required cover sheet information to: Commissioner of Patent & Trademarks, Box Assignments Washington, D.C. 20531					

DOCUMENT NO LONGER
REQUIRED FOR
RECORDING A CHANGE OF NAME