

TRADEMARK ASSIGNMENT

Electronic Version v1.1
 Stylesheet Version v1.1

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	CHANGE OF NAME		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
Resource Acquisition Company, Ltd.		04/29/2004	LIMITED LIABILITY COMPANY: OHIO
RECEIVING PARTY DATA			
Name:	Resource Ventures, Ltd.		
Doing Business As:	DBA Resource Interactive		
Street Address:	343 North Front Street		
City:	Columbus		
State/Country:	OHIO		
Postal Code:	43215		
Entity Type:	LIMITED LIABILITY COMPANY: OHIO		
PROPERTY NUMBERS Total: 3			
Property Type	Number	Word Mark	
Registration Number:	3113434	RESOURCEINTERACTIVE	
Registration Number:	3038823	10 DEMANDMENTS	
Registration Number:	3133403	TEN DEMANDMENTS	
CORRESPONDENCE DATA			
Fax Number:	(614)464-2634		
	<i>Correspondence will be sent via US Mail when the fax attempt is unsuccessful.</i>		
Phone:	(614) 462-5400		
Email:	trademarks@keglerbrown.com		
Correspondent Name:	Stephen C. Barsotti		
Address Line 1:	65 East State Street		
Address Line 2:	Suite 1800		
Address Line 4:	Columbus, OHIO 43215		
ATTORNEY DOCKET NUMBER:	74052.18		

CH \$90.00 3113434

NAME OF SUBMITTER:	Stephen C. Barsotti
Signature:	/SCB/
Date:	06/18/2008
Total Attachments: 3 source=Resource Name Change#page1.tif source=Resource Name Change#page2.tif source=Resource Name Change#page3.tif	



DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
04/30/2004	200412100868	AMEND/ARTICLES- ORGANIZATION/DOM. LLC (LAM)	50.00	.00	.00	.00	.00

Receipt

This is not a bill. Please do not remit payment.

CHESTER WILLCOX & SAXBE LLP
ATTN: MICHELLE HAMPTON
65 E. STATE ST. SUITE 1000
COLUMBUS, OH 43215

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, J. Kenneth Blackwell

1224302

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

RESOURCE VENTURES, LTD.

and, that said business records show the filing and recording of:

Document(s)

AMEND/ARTICLES-ORGANIZATION/DOM. LLC

Document No(s):

200412100868



United States of America
State of Ohio
Office of the Secretary of State

Witness my hand and the seal of
the Secretary of State at Columbus,
Ohio this 30th day of April, A.D.
2004.

J. Kenneth Blackwell
Ohio Secretary of State



Prescribed by **J. Kenneth Blackwell**

Ohio Secretary of State
Central Ohio: (614) 466-3910
Toll Free: 1-877-SOS-FILE (1-877-767-3453)

www.state.oh.us/sos
e-mail: busserv@sos.state.oh.us

Expedite this Form: (Select One)	
Mail Form to one of the Following:	
<input type="radio"/> Yes	PO Box 1390 Columbus, OH 43216 *** Requires an additional fee of \$100 ***
<input type="radio"/> No	PO Box 1028 Columbus, OH 43216

Limited Liability Company Certificate of Amendment / Restatement / Correction
(Domestic or Foreign)
Filing Fee \$50.00

(CHECK ONLY ONE (1) BOX)

(1) Domestic Limited Liability Company <input checked="" type="checkbox"/> Amendment (129-LAM) <input type="checkbox"/> Restatement (142-LRA) April 23, 2001 (Date of Organization)	(2) Foreign Limited Liability Company <input type="checkbox"/> Correction (135-LFC) _____ (Home State)	(Qualifying in Ohio on <u>MONDAY</u>) 2004 APR 29 AM 9:10 CLIENT SERVICE CENTER SECRETARY OF STATE
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The undersigned authorized representative of Resource Acquisition Company, Ltd 1224302
(Name of Limited Liability Company) (Registration Number)

The above stated Limited Liability Company does hereby certify that the undersigned is duly authorized to execute this certificate, and hereby certifies that the above named Limited Liability Company Amend Restate Correct the following:

Complete the information in this section if box (1) Restatement is checked, all sections below must be completed. If box (1) Amendment or box (2) Correction is checked only complete sections that applies.

FIRST: The name of said limited liability company shall be:
Resource Ventures, Ltd.
(the name must include the words "limited liability company", "limited", "Ltd.", "LLC", or "L.L.C.")

SECOND: (OPTIONAL) This limited liability company shall exist for a period of _____

THIRD: The address to which interested persons may direct requests for copies of any operating agreement and any bylaws of this limited liability company is (OPTIONAL):

(street address) **NOTE: P.O. Box Addresses are NOT acceptable.**

(city, township, or village) (state) (zip code)

Please check if additional provisions attached hereto are incorporated herein and made a part of these articles of organization.

FOURTH: Purpose (OPTIONAL)

Complete the information in this section if box (2) is checked and the Limited Liability Company wants to appoint a statutory agent

The limited liability company hereby appoints the following as its agent upon whom process against the limited liability company may be served in the state of Ohio. The name and complete address of the agent is:

(Name)

(Street) **NOTE: P.O. Box Addresses are NOT acceptable.**

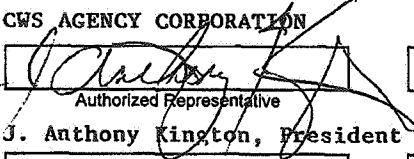
(City, village or township) Ohio _____
(State) (Zip Code)

The limited liability company irrevocably consents to service of process on the agent listed above as long as the authority of the agent continues, and to service of process upon the OHIO SECRETARY OF STATE if:

- A. the agent cannot be found or,
- B. the limited liability company fails to designate another agent when required to do so, or,
- C. the limited liability company's registration to do business in Ohio expires or is cancelled.

CWS AGENCY CORPORATION

REQUIRED
Must be authenticated (signed)
by an authorized representative
(See Instructions)



Authorized Representative

4-28-04

Date

J. Anthony Kingston, President

Authorized Representative

Date

Authorized Representative

Date