

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
Jones/NCTI, Inc.	FORMERLY Versacom, Inc.	01/27/2006	CORPORATION: COLORADO
RECEIVING PARTY DATA			
Name:	Jones/NCTI, Inc.		
Street Address:	9697 E. Mineral Avenue		
City:	Centennial		
State/Country:	COLORADO		
Postal Code:	80112		
Entity Type:	CORPORATION: COLORADO		
PROPERTY NUMBERS Total: 1			
Property Type	Number	Word Mark	
Registration Number:	3013004	ACSELLERATION SERIES	
CORRESPONDENCE DATA			
Fax Number:	(303)799-1644		
	<i>Correspondence will be sent via US Mail when the fax attempt is unsuccessful.</i>		
Phone:	303-784-8486		
Email:	lorriellis@jonescorp.com		
Correspondent Name:	Lorri Ellis		
Address Line 1:	9697 E. Mineral Avenue		
Address Line 4:	Centennial, COLORADO 80112		
ATTORNEY DOCKET NUMBER:	139-001		
NAME OF SUBMITTER:	Lorri Ellis		
Signature:	/le-0709/		
Date:	05/21/2010		

OP \$40.00 3013004

Total Attachments: 2
source=Scan001#page1.tif
source=Scan001#page2.tif



Colorado Secretary of State
 Date and Time: 01/27/2006 09:19 AM
 Entity Id: 19871590928
 Document number: 20061039758

Document processing fee
 If document is filed on paper \$125.00
 If document is filed electronically \$ 25.00

Fees & forms/cover sheets
 are subject to change.

To file electronically, access instructions
 for this form/cover sheet and other
 information or print copies of filed
 documents, visit www.sos.state.co.us
 and select Business Center.

Paper documents must be typewritten or machine printed.

ABOVE SPACE FOR OFFICE USE ONLY

Articles of Amendment

filed pursuant to §7-90-301, et seq. and §7-110-106 of the Colorado Revised Statutes (C.R.S.)

ID number: 19871590928

1. Entity name: VERSACOM, INC.
(If changing the name of the corporation, indicate name BEFORE the name change)

2. New Entity name:
 (if applicable) JONES/NCTI, INC.

3. Use of Restricted Words *(if any of these
 terms are contained in an entity name, true
 name of an entity, trade name or trademark
 stated in this document, mark the applicable
 box):*

- "bank" or "trust" or any derivative thereof
- "credit union" "savings and loan"
- "insurance", "casualty", "mutual", or "surety"

4. Other amendments, if any, are attached.

5. If the amendment provides for an exchange, reclassification or cancellation of issued shares, the attachment states the provisions for implementing the amendment.

6. If the corporation's period of duration
 as amended is less than perpetual, state
 the date on which the period of duration
 expires: _____
(mm/dd/yyyy)

OR

If the corporation's period of duration as amended is perpetual, mark this box:

7. *(Optional)* Delayed effective date: _____
(mm/dd/yyyy)

Notice:

Causing this document to be delivered to the secretary of state for filing shall constitute the affirmation or acknowledgment of each individual causing such delivery, under penalties of perjury, that the document is the individual's act and deed, or that the individual in good faith believes the document is the act and deed of the person on whose behalf the individual is causing the document to be delivered for filing, taken in conformity with the requirements of part 3 of article 90 of title 7, C.R.S., the constituent documents, and the organic statutes, and that the individual in good faith believes the facts stated in the document are true and the document complies with the requirements of that Part, the constituent documents, and the organic statutes.

This perjury notice applies to each individual who causes this document to be delivered to the secretary of state, whether or not such individual is named in the document as one who has caused it to be delivered.

8. Name(s) and address(es) of the individual(s) causing the document to be delivered for filing:

Ellis	Lorri		
<i>(Last)</i>	<i>(First)</i>	<i>(Middle)</i>	<i>(Suffix)</i>
9697 E. Mineral Avenue			
<i>(Street name and number or Post Office information)</i>			
Centennial	CO	80112	
<i>(City)</i>	<i>(State)</i>	<i>(Postal/Zip Code)</i>	
<i>(Province – if applicable)</i>	<i>(Country – if not US)</i>		

(The document need not state the true name and address of more than one individual. However, if you wish to state the name and address of any additional individuals causing the document to be delivered for filing, mark this box and include an attachment stating the name and address of such individuals.)

Disclaimer:

This form, and any related instructions, are not intended to provide legal, business or tax advice, and are offered as a public service without representation or warranty. While this form is believed to satisfy minimum legal requirements as of its revision date, compliance with applicable law, as the same may be amended from time to time, remains the responsibility of the user of this form. Questions should be addressed to the user's attorney.