09-01-2000



U.S. Department of Commerce Patent and Trademark Office TRADEMARK

Expires 06/30/99 OMB 0651-0027

FORM: PTO-1618A

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RECORDATION FORM COVER SHEET

TRADEMARKS ONLY				
TO: The Commissioner of Patents and Trademarks:	Please record the attached original document(s) or copy(ies).			
Submission Type 8 1.00	Conveyance Type			
X New	Assignment License			
Resubmission (Non-Recordation) Document ID #	Security Agreement Nunc Pro Tunc Assignment  Effective Date			
Correction of PTO Error Reel # Frame #	Merger Month Day Year 05 19 2000			
Corrective Document	X Change of Name			
Reel # Frame #	Other			
Conveying Party	Mark if additional names of conveying parties attached Execution Date			
Name CFI ProServices, Inc.	Month Day Year 05 19 2000			
Formerly				
Individual General Partnership	Limited Partnership Corporation Association			
Other				
Citizenship/State of Incorporation/Organizat	tion			
Receiving Party	Mark if additional names of receiving parties attached			
Name Concentrex Incorporated				
DBA/AKA/TA				
Composed of				
Address (line 1) 400 SW Sixth Avenue				
Address (line 2) Portland, Oregon				
Address (line 3) Portland City	Oregon 97204 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 representative should be attached.				
Other	(Designation must be a separate document from Assignment.)			
Citizenship/State of Incorporation/Organizat	ion Oregon Corporation			
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102 FC + 481
102 FC + 482
103 FC + 483
104 FC + 483
105 FC + 483
106 FC + 483
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108 F

Mail documents to be recorded with required cover sheet(s) information to: Commissioner of Patents and Trademarks, Box Assignments, Washington, D.C. 20231

> TRADEMARK REEL: 002128 FRAME: 0359

FORM	PTO-1618B
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## Page 2

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OMB 0651-0027			TRADEMARK	
Domestic Re	epresentative Name and Address	Enter for the first Receiving Part	y only.	
Name [				
Address (line 1)				
Address (line 2)				
Address (line 3)				
Address (line 4)				
Corresponde	ent Name and Address Area Code and	Telephone Number (503) 274-72	280 x2821	
Name [	Kevin A. Johnson			
Address (line 1)	Concentrex Incorporated			
Address (line 2)	400 SW Sixth Avenue			
Address (line 3)	Portland, Oregon 97204			
Address (line 4)				
1 ayes	Enter the total number of pages of the att including any attachments.	ached conveyance document	# 1	
Enter either the	Application Number(s) or Registrati  Trademark Application Number or the Registration N emark Application Number(s)  75/864463  75/829999			
Number of P	Properties Enter the total number of p	properties involved. # 23		
Fee Amount Fee Amount for Properties Listed (37 CFR 3.41): \$ 590.00  Method of Payment: Enclosed X Deposit Account Deposit Account (Enter for payment by deposit account or if additional fees can be charged to the account.) Deposit Account Number: # Authorization to charge additional fees: Yes No				
Statement a	nd 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.				
Kevin	A. Johnson 14	?Qu	My 29, 2000	
Name o	of Person Signing	Signature	Date Signed	

REEL: 002128 FRAME: 0360

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FORM PTO-1618C Expires 06/30/99 OMB 0651-0027

## RECORDATION FORM COVER SHEET CONTINUATION TRADEMARKS ONLY

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Conveying Enter Additions	g Party al Conveying Party	Ma	rk if additional names of	conveying parties attach	ned Execution Date Month Day Year
Name [					
Formerly [					
Individu	ual General Partnership	Limited	Partnership	Corporation	Association
Other					
Citizens	ship State of Incorporation/Organi	zation			
Receiving Enter Additiona	Party al Receiving Party	Mark if ac	ditional names of receivi	ng parties attached	
Name	е				
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Address (line	1)				
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Address (line					
City Zip Code  Individual General Partnership Limited Partnership If document to be recorded is an assignment and the receiving party is					
Corporation Association not domiciled in the United States, an appointment of a domestic representative should be attached					
Other				(Designation mu document from	the Assignment.)
Citizen	ship/State of Incorporation/Organ	ization			
	Application Number(s) o				onal numbers attached
	the Trademark Application Number or th ademark Application Number(s			egistration Number	
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TRADEMARK REEL: 002128 FRAME: 0361 Submit the original and one true copy \$10.00

Corporation Division - Business Registry Public Service Building 255 Capitol St., NE Ste. 151 Salem, OR 97310-1327 (503) 986-2200 Facsimile (503) 378-4381 FOR OFFICE USE ONLY

**FILED** 

MAY 19 2000

OREGON SECRETARY OF STATE

## REGISTRY NUMBER:

112 (6/94)

## **ARTICLES OF AMENDMENT**

		В	usiness Corporatio	n		
1.	Name of the corporation prior to amendment: CFI ProServices, Inc.					
2.	State the article number(s) and set forth the article(s) as it is amended to read, or attach a separate sheet.					
	oopalalo elleel		Article I			
	Т		orporation is Conce luration shall be pe	-	d,	
3.	The amendment(s) were adopted on May 19, 2000 (If more than one amendment was adopted, identify the date of adoption of each amendment.)					
4.	Check the appropriate statement:					
	Shareho follows:		equired to adopt the	e amendment(s).	The vote was as	
	Class or series of shares	Number of shares outstanding	Number of votes entitled to be cast	Number of votes cast for	Number of votes cast against	
	Common	5,365,225	5,365,225	4,037,730	30,134	
	was ad	opted by the Board ation has not issue	equired to adopt the d of Directors without d any shares of sto endment(s). The a	out shareholder ac ock. Shareholder	action was not	
		rators or by the bo				
Exec	ution:	Mil	Jeffrey P. St		Vice President	
Pers	on to contact abou	ut this filing: <u>David</u>	d Meisels NAME		(503)471-1972 DAYTIME PHONE	
		HE CORPORATION DIVISI ERCARD NUMBER AND I		ETED FORM AND FEE TO	THE ABOVE ADDRESS OR	

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