

04-12-2002




Form PTO-1595
(Rev. 03/01)
OMB No 0651-0027 (exp 5/31/2002)

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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): MedDoc, Inc. <p style="text-align: center; font-size: 2em;">3-28-02</p> 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>DocuSys, Inc.</u> Internal Address: _____ Street Address: 820 South University Blvd. City: <u>Mobile</u> State: <u>AL</u> Zip: <u>36609</u> Additional name(s) & address(es) attached: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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>December 17, 2001</u>		4. Application number(s) or patent number(s): If this document is being filed together with a new application, the execution date of the new application is: _____ A. Patent Application No.(s): 09/362,839 09/454,184 09/813,547 09/997,962 60/316,568 29/153,646 Additional numbers attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
5. Name and address of party to whom correspondence concerning document should be mailed: Name: <u>Lerner, David, Littenberg, Krumholz & Mentlik, LLP</u> Street Address: <u>600 South Avenue West</u> City: <u>Westfield</u> State: <u>NJ</u> Zip: <u>07090</u>		6. Total number of applications and patents involved: <u>7</u> 7. Total fee (37 CFR 3.41) \$ <u>280.00</u> <input type="checkbox"/> Enclosed <input checked="" type="checkbox"/> Authorized to be charged to deposit account 8. Deposit account number: <u>12-1095</u> (Attach duplicate copy of this page if paying by deposit account)	
DO NOT USE THIS SPACE			
9. Statement and signature. <i>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.</i> <u>Stephen B. Goldman</u>  <u>3/18/02</u> Date Name of Person Signing Signature			
Total number of pages including cover sheet, attachments, and documents: <u>3</u>			

OFFICE OF FINANCE

04/11/2002 TDIAZ1 00000135\121095 09362839
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State of Delaware
Office of the Secretary of State

PAGE 1

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF AMENDMENT OF "MEDDOC, INC.", CHANGING ITS NAME FROM "MEDDOC, INC." TO "DOCUSYS, INC.", FILED IN THIS OFFICE ON THE NINETEENTH DAY OF DECEMBER, A.D. 2001, AT 9 O' CLOCK A.M.



Harriet Smith Windsor
Harriet Smith Windsor, Secretary of State

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AUTHENTICATION: 1523397

DATE: 12-21-01

PATENT
REEL: 012762 FRAME: 0726

CERTIFICATE OF AMENDMENT OF
CERTIFICATE OF INCORPORATION

OF

MEDDOC, INC.

The undersigned, being the President of MEDDOC, INC. (the "Corporation"), a corporation organized and existing under the laws of the State of Delaware, does hereby certify as follows:

FIRST: The name of the Corporation is MEDDOC, INC.

SECOND: The Corporation wishes to amend its Amended and Restated Certificate of Incorporation, as amended (the "Certificate of Incorporation"), so as to change the name of the Corporation to DocuSys, Inc.

THIRD: To accomplish the amendment referred to in Paragraph SECOND above, Article FIRST of the Certificate of Incorporation of the Corporation is hereby amended in its entirety to read as follows:

"FIRST: The name of the Corporation is DocuSys, Inc."

FOURTH: The Certificate of Amendment to Certificate of Incorporation herein certified has been duly adopted in accordance with the provisions of Section 242 of the General Corporation Law of the State of Delaware.

IN WITNESS WHEREOF, the undersigned has hereunto set his hand as of the 17th day of December, 2001.



ROBERT B. HANSON,
President

STATE OF DELAWARE
SECRETARY OF STATE
DIVISION OF CORPORATIONS
FILED 09:00 AM 12/19/2001
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RECORDED: 03/28/2002

PATENT
REEL: 012762 FRAME: 0727