

Docket No: 115139-018

Form **PTO-1595** (Rev. 03/01) OMB No. 0651-0027

**RECORDATION FORM COVER SHEET  
PATENTS 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.

<p>1. Name of conveying party(ies): <u>Data Return Managed Services LLC</u></p> <p>Additional name(s) of conveying party(ies) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>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 _____</p> <p>Execution Date(s): <u>June 20, 2003</u></p>	<p>2. Name and address of receiving party:  Name: <u>Data Return LLC</u>  Internal Address: _____  _____  _____  Street Address: <u>120 South Riverside Plaza</u>  <u>Suite 430</u>  City: <u>Chicago</u>                      State: <u>IL</u>                      Zip: <u>60606</u>  Country: <u>USA</u>  Additional name(s) &amp; address(es) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
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4. Application number(s) or patent number(s):

If this document is being filed together with a new application, the execution date of the application is: \_\_\_\_\_

<p>A. Patent Application No.(s)  <u>09/877,626</u>  <u>10/042,034</u>  <u>10/039,909</u>  <u>10/136,142</u></p>	<p>B. Patent No.(s)  <u>6,529,917</u>  <u>6,732,122</u>  <u>6,668,260</u></p>
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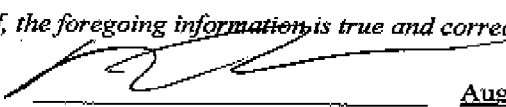
Additional numbers attached?  Yes  No

<p>5. Name and address of party to whom correspondence concerning document should be mailed:   <u>Robert M. Barrett, Esq.</u>  <u>Bell, Boyd &amp; Lloyd LLC</u>  <u>P.O. Box 1135</u>  <u>Chicago, Illinois 60690-1135</u></p>	<p>6. Total number of applications and patents involved: <u>7</u></p> <p>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</p> <p>8. Deposit account number:  <u>02-1818</u>  (Attach duplicate copy of this page if paying by deposit account)</p>
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**DO NOT USE THIS SPACE**

9. Statement and 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.*

<u>Robert M. Barrett (Reg. No. 30,142)</u>		<u>August 27, 2004</u>
Name of Person Signing	Signature	Date

Total number of pages including cover sheet, attachments, and documents: 2

Mail documents to be recorded with required cover sheet information to:  
Commissioner for Patents, Mail Stop Assignments, P.O. Box 1450, Alexandria, VA 22313-1450

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State of Delaware  
Secretary of State  
Division of Corporations  
Delivered 09:00 AM 06/27/2003  
FILED 09:00 AM 06/27/2003  
SRV 030426594 - 3651492 FILE

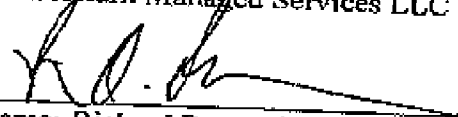
CERTIFICATE OF AMENDMENT  
OF  
Data Return Managed Services LLC

1. The name of the limited liability company is Data Return Managed Services LLC.
2. The Certificate of Formation of the limited liability company is hereby amended as follows:

To change the name of the limited liability company from "Data Return Managed Services LLC" to "Data Return LLC";

IN WITNESS WHEREOF, the undersigned has executed this Certificate of Amendment of Data Return Managed Services LLC, this 20th day of June, 2003.

Data Return Managed Services LLC

  
Name: Richard Petrocelli