### PATENT ASSIGNMENT

Electronic Version v1.1 Stylesheet Version v1.1

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	CHANGE OF NAME

#### **CONVEYING PARTY DATA**

Name	Execution Date		
Unicru, Inc.	08/29/2006		

#### **RECEIVING PARTY DATA**

Name:	Kronos Talent Management Inc.					
Street Address:	ress: 9525 SW Gemini Dr.					
City:	Beaverton					
State/Country:	OREGON					
Postal Code:	97008-7149					

#### PROPERTY NUMBERS Total: 1

Property Type	Number					
Patent Number:	7080057					

#### **CORRESPONDENCE DATA**

Fax Number: (503)595-5301

Correspondence will be sent via US Mail when the fax attempt is unsuccessful.

Phone: 5035955300

Email: adrienne.chocholak@klarquist.com

Correspondent Name: Klarquist Sparkman, LLP
Address Line 1: 121 SW Salmon, Ste. 1600
Address Line 4: Portland, OREGON 97204

ATTORNEY DOCKET NUMBER:	5437-58514-01
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NAME OF SUBMITTER: Gregory L. Maurer

**Total Attachments: 3** 

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> PATENT REEL: 019562 FRAME: 0111

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### UNICRU, INC.

# JOINT UNANIMOUS WRITTEN CONSENT OF THE BOARD OF DIRECTORS AND SOLE SHAREHOLDER IN LIEU OF SPECIAL MEETINGS

August 29, 2006

The undersigned, being all of the members of the Board of Directors and the sole shareholder of Unicru, Inc., an Oregon corporation (the "Corporation"), hereby adopt the following resolutions by unanimous written consent effective as of the date written above.

**RESOLVED**, that Article 1 of the Corporation's Articles of Incorporation is amended to read in its entirety:

"The name of the Corporation is Kronos Talent Management Inc."

FURTHER RESOLVED that the appropriate officers of the Corporation are authorized and directed, for and on behalf of the Corporation, and in the name of the Corporation, to cause to be prepared, executed and filed with the Oregon Secretary of State, Articles of Amendment, and to take such other and further actions, and execute and deliver such further documents and instruments, as may be necessary or desirable in furtherance of the purposes of these resolutions.

Each of the undersigned waives notice of meeting and agrees that this Consent shall have the same effect as if meetings of the Board of Directors and of the sole shareholder of the Corporation were duly called and held, and the foregoing resolutions were unanimously adopted by the directors and the shareholder at the respective meetings.

This Consent may be executed in any number of counterparts, each of which shall be an original, but all of which together shall constitute one instrument.

**DIRECTORS:** 

SOLE SHAREHOLDER:

KRONOS INCORPORATED

Doul A. Loore

mes J. Kizielewicz

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PATENT REEL: 019562 FRAME: 0112



Secretary of State Corporation Division 255 Capitol Street NE, Suite 151 Salem, OR 97310-1327

Phone:(503)986-2200 Fax:(503)378-4381 www.filinginoregon.com Registry Number: 084756-83

Type: DOMESTIC BUSINESS CORPORATION

Next Renewal Date: 08/05/2007

UNISEARCH OR

**Acknowledgment Letter** 

The document you submitted was recorded as shown below. Please review and verify the information listed for accuracy.

If you have any questions regarding this acknowledgement, contact the Secretary of State, Corporation Division at (503)986-2200 Please refer to the registration number listed above. A copy of the filed documentation may be ordered for a fee of \$5.00. Submit your request to the address listed above or call (503)986-2317 with your Visa or MasterCard number.

Document

ARTICLES OF AMENDMENT

Filed On 08/29/2006

Jurisdiction OREGON

Name

KRONOS TALENT MANAGEMENT INC.

Principal Place of Business 9525 SW GEMINI DRIVE BEAVERTON OR 97008

Mailing Address ANNT GENERAL COUNSEL 297 BILLERICA RD

CHELMSFORD MA 01824

Secretary
DAVID B CUNNINGHAM
9525 SW GEMINI DRIVE
BEAVERTON OR 97008

Registered Agent

NATIONAL REGISTERED AGENTS, INC. 3533 FAIRVIEW INDUSTRIAL DR SE SALEM OR 97302

President

CHRISTOPHER L MARSH 9525 SW GEMINI DRIVE BEAVERTON OR 97008

HEADAV ACK 08/29/2006

> PATENT REEL: 019562 FRAME: 0113



Phone: (503) 986-2200 Fax: (503) 378-4381

## Articles of Amendment—Business/Professional/Nonprofit

Secretary of State Corporation Division 255 Capitol St. NE, Suite 151 Salem, OR 97310-1327 FilingInOregon com Check the appropriate box below:

☑ BUSINESS/PROFESSIONAL CORPORATION
(Complete only 1 2, 3, 4 6 7)

■ NONPROFIT CORPORATION

(Complete only 1 2 3 5 6 7)

**REGISTRY NUMBER: 084756-83** 

					490, the informatio				lic reco	rd	Fo	r office use only
		or Print Legibly		So about todas	of this a vin bo po	-Sicu	Oll our wopers.	-				Office use orny
1)	Name of (	Name of Corporation Prior to Amendment: Uniciu, Inc.										
2) STATE THE ARTICLE NUMBER(S) AND SET FORTH THE ARTICLE(S) AS IT IS AMENDED TO READ (Attach a separate sheet if necessary)								coccesin )				
					n is Kronos T					eparate sheet ii	necessary )	
3)	THE AMEN	NDMENT WAS A	ADOPTED ON:	August 29	), 2006							
	(If more thar	n one amendmer	nt was adopted	identify the date	e of adoption of each	amer	ndment )					
	Вι	usiness/Prof	FESSIONAL CC	ORPORATION (	DNLY			Non	PROFIT	CORPORATIO	ONLY	
4)	CHECK THI	E APPROPRIAT	TE STATEMEN	т		5)	CHECK THE A	<b>A</b> PPROP	RIATE	STATEMENT		
		nolder action wa as as follows:		adopt the ame	endment(s) The		Membersi approved incorpora	ment(s) was rs or				
	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				roval w	as required T	he membersh	ip vote was as
	common	100	100	100	0		Class(es) entitled to vote	Numb mem entitled	ibers	Number of votes entitled to be cast	Number of votes cast FOR	Number of votes cast AGAINST
	The am				amendment(s). directors without							
	The corporation has not issued any shares of stock. Shareholder action was not required to adopt the amendment(s). The amendment(s) was adopted by the Incorporators or by the board of directors.							-				
6)	EXECUTION Signature Printed Name								Title			
_					uon Ain					sident		
7)	CONTACT I	CONTACT NAME (To resolve questions with this filing )								F	FEES	
	Patricia	L. Miller						ļ	Required Processing Fee \$50  No Fee for Nonprofit Type Change Only			
	DAYTIME P	HONE NUMBER	iR (Include area	code)					Confirmation Copy (Optional) \$5  Processing Fees are nonrefundable.			
	(503) 80	12-2132							Please	make check payat		ion Division.
									NOTE:  Fees may be paid with VISA or MasterCard. The card number and expiration date should be submitted on a separate sheet for your protection.			

113 (Rev 3/04)

**RECORDED: 07/16/2007** 

PATENT REEL: 019562 FRAME: 0114