11-26-2002 U.S. DEPARTMENT OF COMMERCE Form PTO-1594 U.S. Patent and Trademark Office (Rev. 03/01) OMB No. 0651-0027 (exp. 5/31/2002) Tab Settings  $\Rightarrow \Rightarrow \Rightarrow$ 102293196 To the Honorable Commissioner of Patents and Trademarks: Please record the attached original documents or copy thereof. Name of Conveying party(ies): Name and address of receiving party(ies) Name: NCS Pearson, Inc. Internal National Computer Systems, Inc. 11-20-02 Address: ☐ Individual(s) Association Street Address: 5601 Green Valley Drive ☐ General Partnership ☐ Limited Partnership City: Bloomington, State: MN Zip: 55437 X Corporation-State (Minnesota) ☐ Individual(s) citizenship\_\_ Other Association ☐ General Partnership ☐ Limited Partnership\_ Additional name(s) of conveying party(ies) attached? Yes X No X Corporation-State Minnesota Other 3. Nature of conveyance: Assignment ☐ Merger If assignee is not domiciled in the United States, a domestic ☐ Security Agreement X Change of Name Other Designations must be a separate document from assignment) Execution Date: November 1, 2000 Additional name(s) & address(es) attached? ☐ Yes X No 4. Application number(s) or registration number(s): A. Trademark Application No.(s) B. Trademark Registration No.(s) 1,215,797; 2,013,670; 2,014,896 Additional number(s) attached \(\sigma\) Yes X No Total number of applications and Name and address of party to whom correspondence registrations involved: ...... concerning document should be mailed: 3 Name: Nancy K. Pond 7. Total fee (37 CFR 3.41) . . . . . . . . . \$ 90.00 Internal Address: NCS Pearson, Inc. X Enclosed ☐ Authorized to be charged to deposit account 8. Deposit account number: Street Address: 5601 Green Valley Drive City: Bloomington State: MN Zip: 55437 (Attach duplicate copy of this page if paying by deposit account)

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.

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Nancy K. Pond

November 15, 2002

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## MINNESOTA SECRETARY OF STATE

1B-519

## AMENDMENT OF ARTICLES OF INCORPORATION

## READ INSTRUCTIONS LISTED BELOW, BEFORE COMPLETING THIS FORM.

**RECORDED: 11/20/2002** 

| <ol> <li>Type or print i</li> <li>There is a \$35.</li> <li>Return Complete</li> </ol> | n black ink.  00 fee payable to the Secretar ted Amendment Form and Fee   | y of State for filing this "Am<br>to the address listed on the | nendment of Artic    | cles of Incorporation".<br>orm. |
|--|---|--|----------------------|---------------------------------|
| CORPORATE NA   | ME: (List the name of the comp  | pany prior to any desired na                                   | ıme change)          |                                 |
| NAT  | IONAL COMPUTER SYSTEM   | S, INC.  |                      |                                 |
| This amendment is 30 days after filing   | s effective on the day it is filed was with the Secretary of State.   | with the Secretary of State, Effective: Novemb                 |                      | ate another date, no later than |
| article(s) indicating  | ndment(s) to articles regulating<br>which article(s) is (are) being<br>tach additional numbered page            | amended or added.) If the                                      | full text of the arr | nendment will not fit in the    |
| Article I. of  | the Articles of Incom   | rporation is amende  | d in its ent         | tirety as follows:              |
| The name o   | f this corporation is   | NCS Pearson, Inc.  | (the "Compar         | ny").                           |
| ·  |   |  |                      |                                 |
| execute this amend   | as been approved pursuant to <i>l</i><br>dment and I further certify that I<br>th in section 609.48 as if I had | understand that by signing signed this amendment und           | this amendmen        | to the penalties                |
| Name and telephon  | e number of contact person:   | J.W. Fenton, Jr. Please print legibly                          | <u> </u>             | (952) <u>829-3040</u>           |
|  | n on this form is public and requent the Office from approving o  |  |                      | o provide the requested         |
| If you have any que  | stions please contact the Secre   | etary of State's office at (65                                 | 1)296-2803.          | STATE OF MINNESOTA              |
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