

TRADEMARK ASSIGNMENT

Electronic Version v1.1  
 Stylesheet Version v1.1

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

**CONVEYING PARTY DATA**

Name	Formerly	Execution Date	Entity Type
SXC Health Solutions, Inc.		07/02/2012	CORPORATION: TEXAS

**RECEIVING PARTY DATA**

Name:	Catamaran Inc.
Street Address:	2441 Warrenville Road
City:	Lisle
State/Country:	ILLINOIS
Postal Code:	60532
Entity Type:	CORPORATION: TEXAS

**PROPERTY NUMBERS Total: 31**

Property Type	Number	Word Mark
Serial Number:	85669459	BRIOVA
Serial Number:	85669484	BRIOVA RX
Serial Number:	85654663	C CATAMARAN
Serial Number:	85654690	C CATAMARAN STAY WELL AHEAD
Serial Number:	85654697	C CATAMARAN
Serial Number:	85654706	C CATAMARAN STAY WELL AHEAD
Serial Number:	85654724	C
Serial Number:	85605363	ASCEND
Serial Number:	85625926	CATAMARAN
Serial Number:	85549774	SXC HEALTH
Serial Number:	85549796	SXC HEALTH HOME DELIVERY
Serial Number:	85321952	ASCEND SPECIALTY
Serial Number:	85214221	RXBUILDER
Serial Number:	85214231	ZYNCHROSRX

CH \$790.00 85669459

Serial Number:	85108284	RXPARALLEL
Serial Number:	85037461	RXCLAIM
Serial Number:	85037466	RXCLAIM SUITE
Serial Number:	85037476	RXCLAIM SUITE
Serial Number:	85037488	RXTRACK
Serial Number:	85037449	HEALTHCARE IT GROUP OUR SOLUTIONS DRIVE YOUR SUCCESS
Serial Number:	85037482	RXSERVER
Serial Number:	85037865	SXC HEALTH SOLUTIONS CORP.
Serial Number:	85010747	OUR SOLUTIONS DRIVE YOUR SUCCESS
Serial Number:	85007438	MOVE AHEAD
Serial Number:	77832189	SXC, THE TECHNOLOGY-ENABLED PBM
Serial Number:	76176986	RXTRACK
Serial Number:	74335180	RXCLAIM
Serial Number:	74308616	RXSERVER
Serial Number:	74177915	RXCLAIM
Serial Number:	73531173	RX EXPRESS
Serial Number:	76081764	RXMAX

**CORRESPONDENCE DATA**

Fax Number: 3129774405  
*Correspondence will be sent to the e-mail address first; if that is unsuccessful, it will be sent via US Mail.*  
Phone: 312 977 4400  
Email: ipdocket@uhlaw.com, bsugar@uhlaw.com  
Correspondent Name: Bryan P. Sugar c/o Ungaretti & Harris  
Address Line 1: 70 West Madison Street  
Address Line 2: Suite 3500, Attn.: IP TM Docket  
Address Line 4: Chicago, ILLINOIS 60602-4224

ATTORNEY DOCKET NUMBER:	1003452-0001
NAME OF SUBMITTER:	Bryan P. Sugar
Signature:	/Bryan P. Sugar/
Date:	08/09/2012

Total Attachments: 5  
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**TRADEMARK**  
**REEL: 004839 FRAME: 0393**

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## Office of the Secretary of State

July 03, 2012

CT Corporation System  
701 Brazos, Ste. 720  
Austin, TX 78701 USA

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RE: Catamaran Inc.  
File Number: 134219900

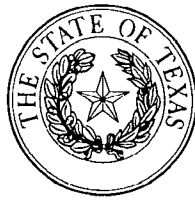
It has been our pleasure to file the Certificate of Amendment for the referenced entity. Enclosed is the certificate evidencing filing. Payment of the filing fee is acknowledged by this letter.

If we may be of further service at any time, please let us know.

Sincerely,

Corporations Section  
Business & Public Filings Division  
(512) 463-5555

Enclosure



## Office of the Secretary of State

### CERTIFICATE OF FILING OF

Catamaran Inc.  
134219900

[formerly: SXC Health Solutions, Inc.]

The undersigned, as Secretary of State of Texas, hereby certifies that a Certificate of Amendment for the above named entity has been received in this office and has been found to conform to the applicable provisions of law.

ACCORDINGLY, the undersigned, as Secretary of State, and by virtue of the authority vested in the secretary by law, hereby issues this certificate evidencing filing effective on the date shown below.

Dated: 07/02/2012

Effective: 07/02/2012



A handwritten signature in black ink, appearing to read "Hope Andrade".

Hope Andrade  
Secretary of State

**Form 424**  
**(Revised 05/11)**

Submit in duplicate to:  
Secretary of State  
P.O. Box 13697  
Austin, TX 78711-3697  
512 463-5555  
FAX: 512/463-5709  
**Filing Fee: See instructions**



**Certificate of Amendment**

This space reserved for office use.

**FILED**  
**In the Office of the**  
**Secretary of State of Texas**  
**JUL 02 2012**  
**Corporations Section**

**Entity Information**

The name of the filing entity is:

SXC Health Solutions, Inc.

State the name of the entity as currently shown in the records of the secretary of state. If the amendment changes the name of the entity, state the old name and not the new name.

The filing entity is a: (Select the appropriate entity type below.)

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> For-profit Corporation | <input type="checkbox"/> Professional Corporation               |
| <input type="checkbox"/> Nonprofit Corporation             | <input type="checkbox"/> Professional Limited Liability Company |
| <input type="checkbox"/> Cooperative Association           | <input type="checkbox"/> Professional Association               |
| <input type="checkbox"/> Limited Liability Company         | <input type="checkbox"/> Limited Partnership                    |

The file number issued to the filing entity by the secretary of state is: 134219900

The date of formation of the entity is: January 25, 1995

**Amendments**

**1. Amended Name**

(If the purpose of the certificate of amendment is to change the name of the entity, use the following statement)

The amendment changes the certificate of formation to change the article or provision that names the filing entity. The article or provision is amended to read as follows:

The name of the filing entity is: (state the new name of the entity below)

Catamaran Inc.

The name of the entity must contain an organizational designation or accepted abbreviation of such term, as applicable.

**2. Amended Registered Agent/Registered Office**

The amendment changes the certificate of formation to change the article or provision stating the name of the registered agent and the registered office address of the filing entity. The article or provision is amended to read as follows:

Registered Agent  
(Complete either A or B, but not both. Also complete C.)

A. The registered agent is an organization (cannot be entity named above) by the name of:

OR

B. The registered agent is an individual resident of the state whose name is:

<i>First Name</i>	<i>M.I.</i>	<i>Last Name</i>	<i>Suffix</i>
The person executing this instrument affirms that the person designated as the new registered agent has consented to serve as registered agent.			

C. The business address of the registered agent and the registered office address is:

<i>Street Address (No P.O. Box)</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>
		TX	

**3. Other Added, Altered, or Deleted Provisions**

Other changes or additions to the certificate of formation may be made in the space provided below. If the space provided is insufficient, incorporate the additional text by providing an attachment to this form. Please read the instructions to this form for further information on format.

Text Area (The attached addendum, if any, is incorporated herein by reference.)

Add each of the following provisions to the certificate of formation. The identification or reference of the added provision and the full text are as follows:

Alter each of the following provisions of the certificate of formation. The identification or reference of the altered provision and the full text of the provision as amended are as follows:

Delete each of the provisions identified below from the certificate of formation.

**Statement of Approval**

The amendments to the certificate of formation have been approved in the manner required by the Texas Business Organizations Code and by the governing documents of the entity.

**Effectiveness of Filing** (Select either A, B, or C.)

- A.  This document becomes effective when the document is filed by the secretary of state.
- B.  This document becomes effective at a later date, which is not more than ninety (90) days from the date of signing. The delayed effective date is: \_\_\_\_\_
- C.  This document takes effect upon the occurrence of a future event or fact, other than the passage of time. The 90<sup>th</sup> day after the date of signing is: \_\_\_\_\_

The following event or fact will cause the document to take effect in the manner described below:

**Execution**

The undersigned signs this document subject to the penalties imposed by law for the submission of a materially false or fraudulent instrument and certifies under penalty of perjury that the undersigned is authorized under the provisions of law governing the entity to execute the filing instrument.

Date: 7/2/2012

By: \_\_\_\_\_

  
\_\_\_\_\_  
Signature of authorized person

Jeffrey Park

\_\_\_\_\_  
Printed or typed name of authorized person (see instructions)