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FILED
98 MAY 13 PM 2:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Requestor's Name	
Address	
City/State/Zip	Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. Out Partner (42)
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

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*****87.50 *****87.50

Name Availability	<i>WJC</i>
Document Examiner	NJC
Updater	NJC
Updater Verifier	NJC
Acknowledgement	NJC
W. P. Verifier	NJC

Examiner's Initials	
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Florida Department of State, Sandra B. Mortham, Secretary of State

APPLICATION FOR THE REGISTRATION OF A TRADEMARK OR SERVICE MARK

PURSUANT TO CHAPTER 495, FLORIDA STATUTES

TO: Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

Name & address to whom acknowledgment
should be sent:

D. JEFFREY DEVER
1112 WESTON RD SUITE 205
FT. LAUDERDALE FL 33326
(954) 915-9900
Daytime Telephone number

PART I

SAVANT CONSULTING SERVICES CORPORATION

(b) Applicant's business address: 1112 WESTON ROAD SUITE 205
FT. LAUDERDALE FL 33326
City/State/Zip

(c) Applicant's telephone number: (954) 915-9900

☐ Individual ☒ Corporation ☐ Joint Venture ☐ Other:
☐ General Partnership ☐ Limited Partnership ☐ Union

If other than an individual,

(1) Florida registration number: P97000089618 (2) Domicile State: FLORIDA

(3) Federal Employer Identification Number: 65-0788638

2.(a) If the mark to be registered is a service mark, the services in connection with which the mark is used:
(i.e., furniture moving services, diaper services, house painting services, etc.)

CONSULTING + SYSTEMS IMPLEMENTATION

METHODOLOGY / MODEL

(b) If the mark to be registered is a trademark, the goods in connection with which the mark is used:
(i.e., ladies sportswear, cat food, barbecue grills, shoe laces, etc.)

(c) The mode or manner in which the mark is used: (i.e., labels, decals, newspaper advertisements, brochures, etc.)

BROCHURES, WEBSITE, DOCUMENTATION, LETTERS.

(Continued)

(d) The class(es) in which goods or services fall:

42

PART II

1. Date first used by the applicant, predecessor, or a related company (must include month, day and year):

(a) Date first used anywhere: 1/1/98 (b) Date first used in Florida: 1/1/98

PART III

1. The mark to be registered is: (If logo/design is included, please give brief written description which must be 25 words or less.)

OUT PARTNER

DESCRIPTION: CAPITAL "O" UT CAPITAL "P" ARTNER WITH
NO SPACE OR HYPHEN.

2. DISCLAIMER (if applicable)

NO CLAIM IS MADE TO THE EXCLUSIVE RIGHT TO USE THE TERM "OUT PARTNER"
APART FROM THE MARK AS SHOWN.

I, D. JEFFREY DEVER, being sworn, depose and say that I am the owner and the applicant herein, or that I am authorized to sign on behalf of the owner and applicant herein, and no other person except a related company has the right to use such mark in Florida either in the identical form or in such near resemblance as to be likely to deceive or confuse or to be mistaken therefor. I make this affidavit and verification on my/the applicant's behalf. I further acknowledge that I have read the application and know the contents thereof and that the facts stated herein are true and correct

SAVANT CONSULTING SERVICES CORPORATION

Typed or printed name of applicant

[Signature]

VP & CFO

Applicant's signature or authorized person's signature
(List name and title)

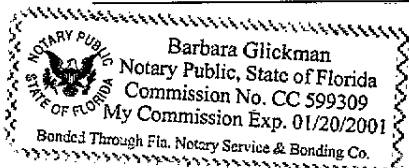
STATE OF FLORIDA

COUNTY OF BROWARD

On this 11 day of MAY, 19 98, D. JEFFREY DEVER
personally appeared before me,

☒ who is personally known to me

☐ whose identity I proved on the basis of _____



[Signature]
Notary Public Signature

BARBARA GLICKMAN
Notary's Printed Name

Seal

My Commission Expires: 1/20/2001

FEE: \$87.50 per class

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TALLAHASSEE, FLORIDA

Value Based Service



Savänt is a full-service information technology consulting firm that provides human capital solutions, project management and implementation services to a wide range of industries. We understand the unique requirements of your technologies and the business processes that drive them.

Delivering Value.

Savänt combines the expertise and service offerings you expect from a larger firm with the nimble value-oriented approach of a smaller firm.

With a depth of technical experience unrivaled in our industry, our consultants work closely with you to understand the unique requirements of your business processes. We combine our expertise with the resources in your own organization to form smaller, more highly focused project teams that are scaled to meet the needs of your project. As a result, we can deliver our services in a more cost-efficient and timely manner than larger firms.

As your OutPartner™, we work with you to set expectations and meet them. And each of our consultants becomes a critical part of your team, willing to take on even the smallest task to make sure your project is completed on time and on budget.

Most importantly, you maintain control of your project, while our highly skilled consultants ensure it is completed to your satisfaction.

At Savänt we deliver value.