FORM PTO-1618A Expires 06/30/99 OMB 0651-0027

04-16-1999

U.S. Department of Commerce Patent and Trademark Office TRADEMARK



# 101013021

# **RECORDATION FORM COVER SHEET**

|                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | MARKS ONLY                                                            |  |  |  |
|--------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|--|--|--|
|                    | Submission Type                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Please record the attached original document(s) or copy(ies).         |  |  |  |
|                    | ) r———                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Conveyance Type  Assignment License                                   |  |  |  |
|                    | X New                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Assignment License                                                    |  |  |  |
|                    | Resubmission (Non-Recordation)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Security Agreement Nunc Pro Tunc Assignment                           |  |  |  |
| _                  | Document ID #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | X Merger Effective Date                                               |  |  |  |
| 5                  | Correction of PTO Error  Reel # Frame #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | X Merger 01 30 99                                                     |  |  |  |
| S                  | Corrective Document                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Change of Name                                                        |  |  |  |
| 1                  | Reel # Frame #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Other                                                                 |  |  |  |
| 10                 | Conveying Party                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Mark if additional names of conveying parties attached Execution Data |  |  |  |
| 1                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Execution Date Month Day Year                                         |  |  |  |
|                    | Name CPS Hotel Management Service                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | s, Inc. 01 26 99                                                      |  |  |  |
|                    | Formerly                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                       |  |  |  |
|                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                       |  |  |  |
| į                  | Individual General Partnership                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Limited Partnership X Corporation Association                         |  |  |  |
|                    | Other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                       |  |  |  |
| }                  | X Citizenship/State of Incorporation/Organizat                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ion Delevere                                                          |  |  |  |
| 1                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1                                                                     |  |  |  |
|                    | Receiving Party  Mark If additional names of receiving parties attached                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                       |  |  |  |
|                    | Name CPS Department Stores, Inc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                       |  |  |  |
| ì                  | DBA/AKA/TA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                       |  |  |  |
| Ì                  | DDWARATA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                       |  |  |  |
|                    | Composed of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                       |  |  |  |
|                    | Address (Mine 1) 331 West Wisconsin Avenue                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                       |  |  |  |
|                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                       |  |  |  |
| l                  | Address (line 2)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                       |  |  |  |
| I                  | Address (line 3) Milwaukee                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Wisconsin 53203                                                       |  |  |  |
|                    | Individual General Partnership                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | State/Country  Limited Partnership  If document to be recorded is an  |  |  |  |
| l                  | assignment and the receiving party is not domiciled in the lighted States, and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                       |  |  |  |
|                    | X Corporation Association appointment of a domestic representative should be attached.  Other (Designation must be a separate document from Assignment.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                       |  |  |  |
| Ì                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                       |  |  |  |
|                    | X Citizenship/State of Incorporation/Organization Delaware                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                       |  |  |  |
| 04/15              | 04/15/1999 DNGUYEN 00000235 1156769 FOR OFFICE USE ONLY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                       |  |  |  |
| 01 FQ:481 40.00 DP |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                       |  |  |  |
| U 1                | YOUNG OF THE PARTY |                                                                       |  |  |  |
| L                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                       |  |  |  |

Public burden reporting for this collection of information is estimated to average approximately 34 minutes per Cover Sheet to be recorded, including time for reviewing the decament are guilleting the data needed to complete the Cover Sheet. Send comments regarding this burden estimate to the U.S. Patent and Trademark Office, Chief Micromation Officer, Washington, B.C. 39231 and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Papernorsh, Reduction Project (9661-9027), Washington, D.C. 39631. See CMB Information Collection Budget Package 9661-9027, Patent and Trademark Assignment Practices. DO NOT SEND REQUESTS TO RECORD ASSIGNMENT DOCUMENTS TO THIS

Mail documents to be recorded with required cover sheet(s) information to: Commissioner of Patents and Trademarks, Box Assignments, Washington, D.C. 20231

**TRADEMARK** 

**REEL: 1883 FRAME: 0938** 

| FORM PTO-1<br>Expires 05/30/99<br>OMB 0851-0027                                                                                                                                                    | 618B                                                                                | Page 2                           | U.S. Department of Commerce Patent and Trademark Office TRADEMARK |  |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|----------------------------------|-------------------------------------------------------------------|--|--|
|                                                                                                                                                                                                    | Domestic Representative Name and Address  Enter for the first Receiving Party only. |                                  |                                                                   |  |  |
| `·· Name [                                                                                                                                                                                         |                                                                                     |                                  |                                                                   |  |  |
| Address (line 1)                                                                                                                                                                                   |                                                                                     |                                  |                                                                   |  |  |
| Address (into 1)                                                                                                                                                                                   |                                                                                     |                                  |                                                                   |  |  |
| Address (line 2)                                                                                                                                                                                   |                                                                                     |                                  |                                                                   |  |  |
| Address (line 3)                                                                                                                                                                                   |                                                                                     |                                  |                                                                   |  |  |
| Address (line 4)                                                                                                                                                                                   |                                                                                     |                                  |                                                                   |  |  |
| Correspondent Name and Address Area Code and Telephone Number 404-881-7000                                                                                                                         |                                                                                     |                                  |                                                                   |  |  |
| Name (                                                                                                                                                                                             | Clair M. Vimball                                                                    |                                  |                                                                   |  |  |
| L.                                                                                                                                                                                                 | Claire M. Kimball                                                                   |                                  |                                                                   |  |  |
| Address (line 1)                                                                                                                                                                                   | Alston & Bird LLP                                                                   |                                  |                                                                   |  |  |
| Address (line 2)                                                                                                                                                                                   | One Atlantic Center                                                                 |                                  |                                                                   |  |  |
| Address (line 3)                                                                                                                                                                                   | 1201 West Peachtree Street                                                          |                                  |                                                                   |  |  |
| Address (line 4)                                                                                                                                                                                   | Atlanta, Georgia 30309-342                                                          | 24                               |                                                                   |  |  |
| Pages                                                                                                                                                                                              | Enter the total number of pages of                                                  |                                  | eument # 3                                                        |  |  |
|                                                                                                                                                                                                    | including any attachments.                                                          |                                  |                                                                   |  |  |
|                                                                                                                                                                                                    | Application Number(s) or Reg                                                        |                                  | Mark if additional numbers attached                               |  |  |
| Enter either the Trademark Application Number <u>or</u> the Registration Number (DO NOT ENTER BOTH numbers for the same property).  Trademark Application Number(s)    Registration Number(s)      |                                                                                     |                                  |                                                                   |  |  |
|                                                                                                                                                                                                    |                                                                                     | 1156769                          |                                                                   |  |  |
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| <u></u>                                                                                                                                                                                            |                                                                                     |                                  |                                                                   |  |  |
|                                                                                                                                                                                                    |                                                                                     |                                  |                                                                   |  |  |
| Number of Properties Enter the total number of properties involved. # 1                                                                                                                            |                                                                                     |                                  |                                                                   |  |  |
| Fee Amount Fee Amount for Properties Listed (37 CFR 3.41): \$ (0.00)                                                                                                                               |                                                                                     |                                  |                                                                   |  |  |
| Method of Payment: Enclosed X Deposit Account                                                                                                                                                      |                                                                                     |                                  |                                                                   |  |  |
| Deposit Account  (Enter for payment by deposit account or if additional fees can be charged to the account.)                                                                                       |                                                                                     |                                  |                                                                   |  |  |
| Deposit Account Number: #                                                                                                                                                                          |                                                                                     |                                  |                                                                   |  |  |
|                                                                                                                                                                                                    | Authoriz                                                                            | ation to charge additional fees: | Yes No                                                            |  |  |
| 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. Charges to deposit account are authorized, as |                                                                                     |                                  |                                                                   |  |  |
| indicated herein.                                                                                                                                                                                  |                                                                                     |                                  |                                                                   |  |  |
|                                                                                                                                                                                                    | M. Wimball                                                                          | amountintered                    | 2/19/99                                                           |  |  |
|                                                                                                                                                                                                    | e M. Kimball                                                                        | Signature                        | Date Signed                                                       |  |  |

TRADEMARK REEL: 1883 FRAME: 0939

# CERTIFICATE OF MERGER OF CPS HOTEL MANAGEMENT SERVICES, INC. (a Delaware corporation) WITH AND INTO CPS DEPARTMENT STORES, INC. (a Delaware corporation)

### I. Constituent Corporations

CPS Hotel Management Services, Inc., a Delaware corporation, is hereby merged with and into CPS Department Stores, Inc., a Delaware corporation, pursuant to Section 251 of the Delaware General Corporation Law, with CPS Department Stores, Inc., a Delaware corporation, to survive the merger.

### II. Agreement and Plan of Merger

An Agreement and Plan of Merger between the parties to the merger has been approved, adopted, certified, executed and acknowledged by each of the constituent corporations in accordance with the requirements of Section 251 of the Delaware General Corporation Law.

### III. Name of Surviving Corporation

The name of the surviving corporation is CPS Department Stores, Inc.

### IV. Certificate of Incorporation

The Certificate of Incorporation of CPS Department Stores, Inc., a Delaware corporation, shall be the Certificate of Incorporation of the surviving corporation.

### V. Executed Agreement and Plan of Merger

The executed Agreement and Pian of Merger is on file at 36 South Wabash, Chicago, Illinois 60603, the principal place of business of the surviving corporation.

TRADEMARK REEL: 1883 FRAME: 0940

## VI. Copy of Agreement and Plan of Merger

A copy of the Agreement and Plan of Merger will be furnished by the surviving corporation, on request and without cost, to any stockholder of either constituent corporation.

### VII. Effective Time

This Certificate of Merger and the merger contemplated hereby shall become effective at 3:00 p.m. E.S.T. on January 30, 1999.

[Signature on next page]

IN WITNESS WHEREOF, CPS Department Stores, Inc., has caused this Certificate of Merger to be executed by a duly authorized officer this 26th day of January, 1999.

CPS DEPARTMENT STORES, INC.

Name: Bran T. Marti

Title:\_\_\_

- 3 -

# State of Delaware

# Office of the Secretary of State PAGE 1

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT
COPY OF THE CERTIFICATE OF MERGER, WHICH MERGES:

"CPS HOTEL MANAGEMENT SERVICES, INC.", A DELAWARE CORPORATION,

WITH AND INTO "CPS DEPARTMENT STORES, INC." UNDER THE NAME OF "CPS DEPARTMENT STORES, INC.", A CORPORATION ORGANIZED AND EXISTING UNDER THE LAWS OF THE STATE OF DELAWARE, AS RECEIVED AND FILED IN THIS OFFICE THE TWENTY-EIGHTH DAY OF JANUARY, A.D. 1999, AT 9:10 O'CLOCK A.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE EFFECTIVE DATE OF THE AFORESAID CERTIFICATE OF MERGER IS THE THIRTIETH DAY OF JANUARY, A.D. 1999.

A FILED COPY OF THIS CERTIFICATE HAS BEEN FORWARDED TO THE NEW CASTLE COUNTY RECORDER OF DEEDS.



Edward J. Freel, Secretary of State

2095389 8100M

991035367

RECORDED: 04/02/1999

**AUTHENTICATION:** 

9547730

DATE:

01-28-99 TRADFMARK

REEL: 1883 FRAME: 0943