

12-17-1999

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



101225713

12-03-1999

U.S. Patent & TMO/c/TM Mail Rcpt Dt. #61

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

RECORDATION FORM COVER SHEET TRADEMARKS ONLY

12.03.99

TO: The Commissioner of Patents and Trademarks: Please record the attached original document(s) or copy(ies).

Submission Type

- New
- Resubmission (Non-Recordation)
Document ID #
- Correction of PTO Error
Reel # Frame #
- Corrective Document
Reel # Frame #

Conveyance Type

- Assignment License
- Security Agreement Nunc Pro Tunc Assignment
- Merger Effective Date
Month Day Year
12 29 88
- Change of Name
- Other

Conveying Party

Mark if additional names of conveying parties attached

Execution Date
Month Day Year

Name

Formerly

- Individual General Partnership Limited Partnership Corporation Association
- Other
- Citizenship/State of Incorporation/Organization

Receiving Party

Mark if additional names of receiving parties attached

Name

DBA/AKA/TA

Composed of

Address (line 1)

Address (line 2)

Address (line 3)

City

State/Country

Zip Code

- Individual General Partnership Limited Partnership If document to be recorded is an assignment and the receiving party is not domiciled in the United States, an appointment of a domestic representative should be attached. (Designation must be a separate document from Assignment.)
- Corporation Association
- Other

Citizenship/State of Incorporation/Organization

12/17/1999 TTGN11 00000104 777357

FOR OFFICE USE ONLY

01 FC:481
02 FC:482

(40.00 OP
100.00 OP)

Public burden reporting for this collection of information is estimated to average approximately 30 minutes per Cover Sheet to be recorded, including time for reviewing the document and gathering the data needed to complete the Cover Sheet. Send comments regarding this burden estimate to the U.S. Patent and Trademark Office, Chief Information Officer, Washington, D.C. 20231 and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Paperwork Reduction Project (0651-0027), Washington, D.C. 20503. See OMB Information Collection Budget Package 0651-0027, Patent and Trademark Assignment Practice. DO NOT SEND REQUESTS TO RECORD ASSIGNMENT DOCUMENTS TO THIS ADDRESS.

Mail documents to be recorded with required cover sheet(s) information to:
Commissioner of Patents and Trademarks, Box Assignments, Washington, D.C. 20311

TRADEMARK
REEL: 001999 FRAME: 0781

Domestic Representative Name and Address

Enter for the first Receiving Party only.

Name

Address (line 1)

Address (line 2)

Address (line 3)

Address (line 4)

Correspondent Name and Address

Area Code and Telephone Number

Name

Address (line 1)

Address (line 2)

Address (line 3)

Address (line 4)

Pages

Enter the total number of pages of the attached conveyance document including any attachments.

#

Trademark Application Number(s) or Registration Number(s)

Mark if additional numbers attached

Enter either the Trademark Application Number or the Registration Number (DO NOT ENTER BOTH numbers for the same property).

Trademark Application Number(s)			Registration Number(s)		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="777,357"/>	<input type="text" value="781,284"/>	<input type="text" value="373,290"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="399,622"/>	<input type="text" value="810,541"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Number of Properties

Enter the total number of properties involved.

#

Fee Amount

Fee Amount for Properties Listed (37 CFR 3.41):

\$

Method of Payment:

Enclosed

Deposit Account

Deposit Account

(Enter for payment by deposit account or if additional fees can be charged to the account.)

Deposit Account Number:

#

Authorization 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.

Mark J. Liss

Name of Person Signing

Signature

11-30-99

Date Signed

CERTIFICATE OF MERGER
OF
MAGNAFLUX CORPORATION
INTO
ILLINOIS TOOL WORKS INC.

* * * * *

The undersigned corporation organized and existing under and by virtue of the General Corporation Law of the State of Delaware,

DOTH HEREBY CERTIFY:

FIRST: That the name and state of incorporation of each of the constituent corporations of the merger is as follows:

<u>NAME</u>	<u>STATE OF INCORPORATION</u>
MAGNAFLUX CORPORATION	Delaware
ILLINOIS TOOL WORKS INC.	Delaware

SECOND: That an Agreement 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 subsection (c) of section 251 of the General Corporation Law of the State of Delaware.

THIRD: The name of the Surviving Corporation of the merger is ILLINOIS TOOL WORKS INC. ("Surviving Corporation").

FOURTH: That the Certificate of Incorporation of ILLINOIS TOOL WORKS INC., a Delaware corporation, shall be the Certificate of Incorporation of the Surviving corporation.

FIFTH: That the executed Agreement of Merger is on file at the principal place of business of the Surviving Corporation. The address of the principal place of business of the Surviving Corporation is 8501 West Higgins Road, Chicago, Illinois 60601.

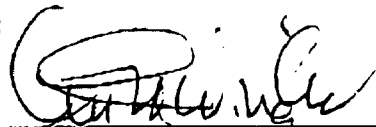
SIXTH: That a copy of the Agreement of Merger will be furnished by the Surviving Corporation, on request and without cost to any stockholder of any constituent corporation.

SEVENTH: This Certificate of Merger shall be effective on December 30, 1988.

Dated: December 29, 1988

ILLINOIS TOOL WORKS INC.

By: 
Vice President

ATTEST: 
Secretary