

01-06-2000

Form PTO-1594
(Rev. 6-93)

*MWD
1.7.00*

RECOI



U.S. Department of Commerce
Patent and Trademark Office

101239637

To the Assistant Commissioner for Trademarks: Please record the attached original documents or copy thereof

1. Name of conveying party(ies):
Hufco Company

Individual(s) Association
 General Partnership Limited Partnership
 Corporation-State Colorado
 Other _____

Additional name(s) of conveying party(ies) attached? yes no

2. Name and address of receiving party(ies):
Name: Huffy Brands Company
Internal Address: _____
Street Address: 225 Byers Road
City: Miamisburg State: OH Zip: 45342

Individual(s) citizenship _____
 Association _____
 General Partnership _____
 Limited Partnership _____
 Corporation-State Ohio
 Other _____

3. Nature of conveyance:
 Assignment Merger
 Security Agreement Change of Name
 Other _____

Execution Date: November 22, 1999

If assignee is not domiciled in the United States, a domestic representative designation is attached: yes no
 (Designation must be a separate document from Assignment)
 Additional name(s) & address(es) attached? yes no

4. Application number(s) or registration numbers(s)

A. Trademark Application No.(s)
75/680217
75/680222

B. Trademark Registration No.(s)

2,010,783	1,915,193	1,930,283
1,492,371	2,011,088	1,563,004
1,516,528	540,150	695,557
2,018,352	2,238,505	2,295,083

Additional numbers attached? yes no

5. Name and address of party to whom correspondence concerning document should be mailed:
 Name: Michael D. Johns
Dinsmore & Shohl LLP
 Street Address: 1900 Chemed Center
255 East Fifth Street
 City: Cincinnati State: OH Zip: 45202

6. Total number of applications and registrations involved: 14

7. Total fee (37 CFR 3.41): \$ 365.00

Enclosed
 Additional expenses authorized to be charged to deposit account

8. Deposit account number: 04-1133
 (Attached duplicate copy of this page if paying by deposit account)

DO NOT USE THIS SPACE

9. 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.

Michael D. Johns  1/6/00
 Name of Person Signing Signature Date

Total number of pages comprising cover sheet: _____

518989

01/10/2000 TT0N11 00000055 2010783

01 FC:481 40.00 OP
 02 FC:482 25.00 OP

TRADEMARK
REEL: 002007 FRAME: 0629

DATE	DOCUMENT NO	DESCRIPTION	FILED	EXPED	PENALTY	CERT	COPY
1. 12/2/1999	199932700305	MER MERGER/DOMESTIC	60.00	10.00	0.00	0.00	0.00
TOTAL			60.00	10.00	0.00	0.00	0.00

Return To:
DINSMORE & SHOHL
ATTN: M FETTMAN
175 SOUTH THIRD ST 10TH FL
COLUMBUS, OH 43216-0000

cut along the dotted line



The State of Ohio
 *Certificate* 

Secretary of State - J. Kenneth Blackwell

1111528

It is hereby certified that the Secretary of State of Ohio has custody of the business records for HUFFY BRANDS COMPANY and that said business records show the filing and recording of:

Document(s)
MERGER/DOMESTIC

Document No(s)
199932700305

United States of America
 State of Ohio
 Office of the Secretary of State



Witness my hand and the seal of the Secretary
 of State at Columbus, Ohio, This 22nd day of
 November, A.D. 1999


 J. Kenneth Blackwell
 Secretary of State



Prescribed by J. Kenneth Blackwell

Please obtain fee amount and mailing instructions from the Forms Inventory List (using the 3 digit form # located at the bottom of this form). To obtain the Forms Inventory List or for assistance, please call Customer Service:

Central Ohio: (614)-466-3910 Toll Free: 1-877-SOS-FILE (1-877-767-3453)

Expedite this form

Yes

CERTIFICATE OF MERGER

In accordance with the requirements of Ohio law, the undersigned corporations, banks, savings banks, savings and loan, limited liability companies, limited partnerships and/or partnerships with limited liability, desiring to effect a merger, set forth the following facts:

RECEIVED

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I. SURVIVING ENTITY

A. The name of the entity surviving the merger is:

Huffy Brands Company

J. KENNETH BLACKWELL
SECRETARY OF STATE

B. Name Change: As a result of this merger, the name of the surviving entity has been changed to the following:

(Complete only if name of surviving entity is changing through the merger)

C. The surviving entity is a: (Please check the appropriate box and fill in the appropriate blanks)

- Domestic (Ohio) for-profit corporation, charter number 1111528
- Domestic (Ohio) non-profit corporation, charter number _____
- Foreign (Non-Ohio) corporation incorporated under the laws of the state/country of _____ and licensed to transact business in the State of Ohio under license number _____
- Foreign (Non-Ohio) corporation incorporated under the laws of the state/country of _____ and NOT licensed to transact business in the state of Ohio, _____
- Domestic (Ohio) limited liability company, with registration number _____
- Foreign (Non-Ohio) limited liability company organized under the laws of the state/country of _____ and registered to do business in the State of Ohio under registration number _____
- Foreign (Non-Ohio) limited liability company organized under the laws of the state/country of _____ and NOT registered to do business in the State of Ohio. _____
- Domestic (Ohio) limited partnership, with registration number _____
- Foreign (Non-Ohio) limited partnership organized under the laws of the state/country of _____ and registered to do business in the state of Ohio under registration number _____
- Foreign (Non-Ohio) limited partnership organized under the laws of the state/country of _____ and NOT registered to do business in the state of Ohio. _____
- Domestic (Ohio) partnership having limited liability, with the registration number _____

J. Kenneth Blackwell
Secretary of State

Foreign (Non-Ohio) partnership having limited liability organized under the laws of the state/country of _____ and registered to do business in the state of Ohio under registration number _____

II. Merging Entities

The name, charter/license/registration number, type of entity, state/country of incorporation or organization, respectively, of which is a party to the merger are as follows: (If this is insufficient space to reflect all merging entities, please attach a separate sheet listing the merging entities)

Name	State/Country of Organization	Type of Entity
Hufco Company #19961159114	Colorado	Corporation
Huffy Brands Company #11111528	Ohio	Corporation

III. Merger Agreement on File

The name and mailing address of the person or entity from whom/which eligible persons may obtain a copy of the agreement of merger upon written request:

Jonathan D. Niemeyer, Esq. 225 Byers Road
(name) (street and number)
 Miamisburg Ohio 45342
(city, village or township) (state) (zip code)

IV. Effective Date of Merger

This merger is to be effective on: _____ (if a date is specified, the date must be a date on or after the date of filing; the effective date of the merger cannot be earlier than the date of filing, if no date is specified, the date of filing will be the effective date of the merger).

V. Merger Authorized

The laws of the state or country under which each constituent entity exists, permits this merger. This merger was adopted, approved and authorized by each of the constituent entities in compliance with the laws of the state under which it is organized, and the persons signing this certificate on behalf of each of the constituent entities are duly authorized to do so.

VI. Statutory Agent

The name and address of the surviving entity's statutory agent upon whom any process, notice or demand may be served is:

(name) (street and number)
 _____, Ohio (zip code)
(city, village or township)

(This item MUST be completed if the surviving entity is a foreign entity which is not licensed, registered or otherwise authorized to conduct business in the state of Ohio)

Acceptance of Agent

The undersigned, named herein as the statutory agent for the above referenced surviving entity, hereby acknowledges and accepts the appointment of statutory agent for said entity.

 Signature of Agent

(The acceptance of agent must be completed by domestic surviving entities if through this merger the statutory agent for the surviving entity has changed, or the named agent differs in any way from the name currently on record with the Secretary of State.)

VII. Statement of Merger

Upon filing, or upon such later date as specified herein, the merging entity/entities listed herein shall merge into the listed surviving entity

VIII. Amendments

The articles of incorporation, articles of organization, certificate of limited partnership or registration of partnership having limited liability (circle appropriate term) of the surviving domestic entity have been amended. Please see attached "Exhibit A." (Please note, if there will be no change please state "no change")

IX. Qualification or Licensure of Foreign Surviving Entity

A. The listed surviving foreign corporation, bank, savings bank, savings and loan, limited liability company, limited partnership, or partnership having limited liability desires to transact business in Ohio as a foreign corporation, bank, savings bank, savings and loan, limited liability company, limited partnership, or partnership having limited liability, and hereby appoints the following as its statutory agent upon whom process, notice or demand against the entity may be served in the state of Ohio. The name and complete address of the statutory agent is:

(name)	(street and number)
, Ohio	
(city, village or township)	(zip code)

The subject surviving foreign corporation, bank, savings bank, savings and loan, limited liability company, limited partnership, or partnership having limited liability irrevocably consents to service of process on the statutory agent listed above as long as the authority of the agent continues, and to service of process upon the Secretary of State of Ohio if the agent cannot be found, if the corporation, bank, savings bank, savings and loan, limited liability company, limited partnership, or partnership having limited liability fails to designate another agent when required to do so, or if the foreign corporation's, bank's, savings bank's, savings and loan's, limited liability company's, limited partnership's, or partnership having limited liability's license or registration to do business in Ohio expires or is canceled.

B. The qualifying entity also states as follows: (Complete only if applicable)

1. Foreign Notice Under Section 1703.031

(If the qualifying entity is a foreign bank, savings bank, or savings and loan, then the following information must be completed.)

a. The name of the Foreign Nationally/Federally chartered bank, savings bank, or savings and loan association is

b. The name(s) of any Trade Name(s) under which the corporation will conduct business:

c. The location of the main office (non-Ohio) shall be:

(street address)			
(city, township, or village)	(county)	(state)	(zip code)

d. The principal office location in the state of Ohio shall be:

(street address)			
(city, township, or village)	(county)	(state)	(zip code)

(Please note, if there will not be an office in the state of Ohio, please list none.)

e. The corporation will exercise the following purpose(s) in the state of Ohio:

(Please provide a brief summary of the business to be conducted; a general clause is not sufficient)

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Secretary of State

2. Foreign Qualifying Limited Liability Company

(If the qualifying entity is a foreign limited liability company, the following information must be completed.)

a. The name of the limited liability company in its state of organization/registration is _____

b. The name under which the limited liability company desires to transact business in Ohio is _____

c. The limited liability company was organized or registered on _____ under the laws of the state/country of _____

d. The address to which interested persons may direct requests for copies of the articles of organization, operating agreement, bylaws, or other charter documents of the company is:

(street address)

(city, township, or village)

(state)

(zip code)

3. Foreign Qualifying Limited Partnership

(If the qualifying entity is a foreign limited partnership, the following information must be completed.)

a. The name of the limited partnership is _____

b. The limited partnership was formed on _____

c. The address of the office of the limited partnership in its state/country of organization is:

(street address)

(city, township, or village)

(county)

(state)

(zip code)

d. The limited partnership's principal office address is:

(street address)

(city, township, or village)

(county)

(state)

(zip code)

e. The names and business or residence addresses of the General partners of the partnership are as follows:

Name

Address

(If insufficient space to cover this item, please attach a separate sheet listing the general partners and their respective addresses)

f. The address of the office where a list of the names and business or residence addresses of the limited partners and their respective capital contributions is to be maintained is:

(street address)

(city, township, or village)

(county)

(state)

(zip code)

The limited partnership hereby certifies that it shall maintain said records until the registration of the limited partnership in Ohio is canceled or withdrawn.

4. Foreign Qualifying Partnership Having Limited Liability

a. The name of the partnership shall be _____

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b. Please complete the following appropriate section (either item b1 or b2):

1. The address of the partnership's principal office in Ohio is:

(street name and number)
_____, Ohio _____
(city, village or township) (zip code)

(If the partnership does not have a principal office in Ohio, then items b2 and item c must be completed)

2. The address of the partnership's principal office (Non-Ohio):

(street address)

(city, township, or village) (state) (zip code)

c. The name and address of a statutory agent for service of process in Ohio is as follows:

(name) (street and number)
_____, Ohio _____
(city, village or township) (zip code)

d. Please indicate the state or jurisdiction in which the Foreign Limited Liability Partnership has been formed

e. The business which the partnership engages in is:

The undersigned constituent entities have caused this certificate of merger to be signed by its duly authorized officers, partners and representatives on the date(s) stated below.

Hufco Company
Exact name of entity
By: [Signature]
Its: Vice President-Secretary and Assistant
Date: _____ Treasurer

Huffy Brands Company
Exact name of entity
By: [Signature]
Its: Vice President and Treasurer
Date: _____

Exact name of entity
By: _____
Its: _____
Date: _____

Exact name of entity
By: _____
Its: _____
Date: _____

Exact name of entity
By: _____
Its: _____
Date: _____

Exact name of entity
By: _____
Its: _____
Date: _____