

05-04-2000



101345323

OPR/FINANCE RECORDATION FORM COVER SHEET  
TRADEMARKS ONLY

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  
Effective Date  
Month Day Year
- ☒ Merger
- ☐ Change of Name
- ☐ Other

Conveying Party

☐ Mark if additional names of conveying parties attached

Execution Date  
Month Day Year  
02/22/2000

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

05/03/2000 JSHABAZZ 00000206 75618073

FOR OFFICE USE ONLY

01 FC:481 40.00 DP  
02 FC:482 125.00 DP

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. 20231

TRADEMARK  
REEL: 002066 FRAME: 0380

**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)**

**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

☒

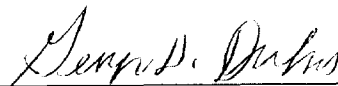
No

☐

**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.

George D. Dickos



4/12/00

Name of Person Signing

Signature

Date Signed

DATE DOCUMENT NO DESCRIPTION  
2/29/2000 200005600235 MER MERGER/DOMESTIC

	FILING	EXPED	PENALTY	CERT	COPY
	50.00	10.00	0.00	0.00	0.00
TOTAL	50.00	10.00	0.00	0.00	0.00

Return To:  
CT CORPORATION SYSTEM  
ATTN A WEBSTER  
17 SOUTH HIGH ST  
COLUMBUS, OH 43215-0000

-----cut along the dotted line-----



*The State of Ohio*  
Certificate

*Secretary of State - J. Kenneth Blackwell*

**1131997**

*It is hereby certified that the Secretary of State of Ohio has custody of the business records for CARROLL VENTURES, LLC. and that said business records show the filing and recording of:*

Document(s)  
MERGER/DOMESTIC

Document No(s):  
200005600235

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 24th day of  
February, A.D. 2000

*J. Kenneth Blackwell*  
J. Kenneth Blackwell  
Secretary of State

TRADEMARK  
REEL: 002066 FRAME: 0382

DATE  
3/ 2/2000

TRANSACTION NO.  
200005600235

TRANSACTION DESCRIPTION  
Merged Out of Existence (MEX)

**Mail To:**

CT CORPORATION SYSTEM  
ATTN A WEBSTER  
17 SOUTH HIGH ST  
COLUMBUS, OH 43215-0000

-----cut along dotted line-----



*The State of Ohio*

❖ *Certificate* ❖

*Secretary of State - J. Kenneth Blackwell*

**712453**

*It is hereby certified that the Secretary of State of Ohio has custody of the business records for  
DIRECTSITE CORPORATION and that said business records show the recording of:*

**MERGED OUT OF EXISTENCE**

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 24th day of  
February, A.D. 2000



*J. Kenneth Blackwell*  
J. Kenneth Blackwell  
Secretary of State

TRADEMARK

REEL: 002066 FRAME: 0383



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:

### 1. SURVIVING ENTITY

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

Carroll Ventures, LLC

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 \_\_\_\_\_

☐ 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 1131997

☐ 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 \_\_\_\_\_

RECEIVED

FEB 24 2000

J. KENNETH BLACKWELL  
SECRETARY OF STATE

FEB 11 00 03:01 PM FOR DO NEWS RICHIE

# 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
<u>DirectSite Corporation</u>	<u>Ohio</u>	<u>Corporation</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

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:

<u>William V. Carroll</u>	<u>5005 Kingsley Drive</u>	
(name)	(street and number)	
<u>Cincinnati</u>	<u>Ohio</u>	<u>45227</u>
(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	_____
(city, village or township)	(zip code)

*(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") 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)

\_\_\_\_\_  
\_\_\_\_\_

# J. Kenneth Blackwell

## 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 \_\_\_\_\_



# J. Kenneth Blackwell

## Secretary of State

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.

Carroll Ventures, LLC

Exact name of entity

By: JKB  
Its: President  
Date: 2/22/00

DirectSite Corporation

Exact name of entity

By: JKB  
Its: President  
Date: 2/22/00

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: \_\_\_\_\_

FEB 0 2000

**J. Kenneth Blackwell**  
Secretary of State

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: \_\_\_\_\_

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: \_\_\_\_\_

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: \_\_\_\_\_

Exact name of entity

By: \_\_\_\_\_  
Its: \_\_\_\_\_  
Date: \_\_\_\_\_

Exact name of entity

By: \_\_\_\_\_  
Its: \_\_\_\_\_  
Date: \_\_\_\_\_