

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

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

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
 - Merger
 - Change of Name
 - Other _____
- Effective Date
Month Day Year
May 21, 1999

Conveying Party

Mark if additional names of conveying parties attached

Execution Date
Month Day Year

Name **MB Manufacturing, Inc.**

April 18, 1999

Formerly _____

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

Receiving Party

Mark if additional names of receiving parties attached

Name **Rexnord Corporation**

DBA/AKA/TA _____

Composed of _____

Address (line 1) **4701 West Greenfield Avenue**

Address (line 2) _____

Address (line 3) **Milwaukee**
City

Wisconsin
State/Country

53214
Zip Code

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

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.)

FOR OFFICE USE ONLY

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. 20503

700003963

REEL: 002192 FRAME: 0971

FORM PTO-1618B
Expires 08/30/99
OMB 0851-0027

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 (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="1,531,667"/>	<input type="text" value="2,200,320"/>	<input type="text" value="1,348,898"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="961,969"/>	<input type="text" value="1,255,816"/>	<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.

Cheryl M. Smukowski

Name of Person Signing

Cheryl M. Smukowski

Signature

February 14, 2001

Date Signed

TRADEMARK REG. 5005792.1

REEL: 002192 FRAME: 0972

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Month Day Year
May 21, 1999
- Change of Name
- Other _____

Conveying Party

Mark if additional names of conveying parties attached

Execution Date
Month Day Year
April 18, 1999

Name MB Manufacturing, Inc.

Formerly _____

- Individual General Partnership Limited Partnership Corporation Association
- Other _____

Citizenship/State of Incorporation/Organization Nevada

Receiving Party

Mark if additional names of receiving parties attached

Name Rexnord Corporation

DBA/AKA/TA _____

Composed of _____

Address (line 1) 4701 West Greenfield Avenue

Address (line 2) _____

Address (line 3) Milwaukee Wisconsin 53214
City State/Country Zip Code

- Individual General Partnership Limited Partnership
- Corporation Association
- Other _____

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.)

Citizenship/State of Incorporation/Organization Delaware

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Page 2

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TRADEMARK

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

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<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.

Cheryl M. Smukowski Cheryl M. Smukowski February 14, 2001
Name of Person Signing Signature Date Signed

State of Delaware
Office of the Secretary of State PAGE 1

I, HARRIET SMITH WINDSOR, 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:

"MB MANUFACTURING, INC.", A NEVADA CORPORATION,

WITH AND INTO "REKNORD CORPORATION" UNDER THE NAME OF "REKNORD CORPORATION", A CORPORATION ORGANIZED AND EXISTING UNDER THE LAWS OF THE STATE OF DELAWARE, AS RECEIVED AND FILED IN THIS OFFICE THE TWENTY-FIRST DAY OF MAY, A.D. 1999, AT 12 O'CLOCK P.M.



Harriet Smith Windsor
Harriet Smith Windsor, Secretary of State

2168721 8100M

010056909

AUTHENTICATION: 0956644

DATE: 02-05-01

TRADEMARK

REEL: 002192 FRAME: 0975

STATE OF DELAWARE
SECRETARY OF STATE
DIVISION OF CORPORATIONS
FILED 12:00 PM 05/21/1999
991204065 - 2168721

CERTIFICATE OF MERGER
OF
MB MANUFACTURING, INC.
INTO
REXNORD CORPORATION

The undersigned corporation, Rexnord Corporation, a Delaware corporation,
DOES HEREBY CERTIFY:

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

NAME	STATE OF INCORPORATION
MB MANUFACTURING, INC.	NEVADA
REXNORD CORPORATION	DELAWARE

SECOND: That a Plan and 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 Section 252 of the General Corporation Law of the State of Delaware.

THIRD: The name of the surviving corporation in the merger is Rexnord Corporation, a Delaware corporation.

FOURTH: The Certificate of Incorporation of Rexnord Corporation, a Delaware corporation, as amended, shall be the Certificate of Incorporation of the surviving corporation.

FIFTH: An executed Plan and Agreement of Merger is on file at the principal place of business of the surviving corporation, and the address of said principal place of business of the surviving corporation is 4701 West Greenfield Avenue, Milwaukee, Wisconsin 53214.

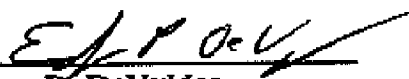
SIXTH: A copy of the Plan and Agreement of Merger will be furnished upon request without cost to any stockholder of any constituent corporation.

SEVENTH: This Certificate of Merger shall be effective upon its filing with the Delaware Secretary of State.

Dated as of April 16, 1999.


ATTEST:

By:


Edgar W. DeVlyder,
Its Secretary

REXNORD CORPORATION

By:


Peter C. Wallace,
Its President

pjt\vbmerger\deocer2