FORM PTO-1594 (Modified)
(Rev. 6-93)
OMB No. 0651-0011 (exp.4/94)
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TM05/REV03

03-13-2001

Docket No.:

To the Honorable Commissioner of Pater.	tached original documents or copy thereof.
1. Name of conveying party(ies): O / p	Name and address of receiving party(ies):
Frontstep, Inc.	
E MAR D S	Name: Symix Computer Systems, Inc.
ATE 0 2 2001 4	Internal Address:
\19	Street Address: 2800 Corporate Exchange Drive
☐ Individual(s) ☐ General Partnership ☐ Limited Partnership	ershin
✓ Corporation-State Minnesota	City: Columbus State: OH ZIP: 43231
☐ Other	☐ Individual(s) citizenship
Additional names(s) of conveying party(ies)	
	General Partnership
3. Nature of conveyance:	☐ Limited Partnership
☐ Assignment ☒ Merger	
☐ Security Agreement ☐ Change of Na	
☐ Other	
Execution Date: December 31, 2000	designation is ☐ Yes ☒ N (Designations must be a separate document from
	Additional name(s) & address(es) ☐ Yes ☒ N
4. Application number(s) or registration numbers(s):	
	B. Trademark Registration No.(s)
A. Trademark Application No.(s)	B. Trademark Registration No.(3)
76/020,870 75/891,685 76/020,871 75/900,855 76/073,652	
731700,033 10/0/3,032	
A 122 1 -	□ Vaa ∑ Na
Additional no	
5. Name and address of party to whom correspondence	6. Total number of applications and
	6. Total number of applications and
5. Name and address of party to whom correspondence	6. Total number of applications and registrations involved:
Name and address of party to whom correspondence concerning document should be mailed: Name: Cory M. Amron, Esquire	6. Total number of applications and registrations involved: 7. Total fee (37 CFR 3.41):\$ \$140.00
Name and address of party to whom correspondence concerning document should be mailed:	6. Total number of applications and registrations involved: 7. Total fee (37 CFR 3.41):\$ \$140.00
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 Name and address of party to whom correspondence concerning document should be mailed: Name: Cory M. Amron, Esquire Internal Address: Vorys Sater Seymour and Pease LI 	6. Total number of applications and registrations involved: 7. Total fee (37 CFR 3.41):\$ \$140.00 Enclosed Authorized to be charged to deposit account
Name and address of party to whom correspondence concerning document should be mailed: Name: Cory M. Amron, Esquire	6. Total number of applications and registrations involved: 7. Total fee (37 CFR 3.41):\$ \$140.00 Enclosed
 Name and address of party to whom correspondence concerning document should be mailed: Name: Cory M. Amron, Esquire Internal Address: Vorys Sater Seymour and Pease LI 	6. Total number of applications and registrations involved:
5. Name and address of party to whom correspondence concerning document should be mailed: Name: Cory M. Amron, Esquire Internal Address: Vorys Sater Seymour and Pease LI Street Address: 1828 L Street, N.W.	6. Total number of applications and registrations involved: 7. Total fee (37 CFR 3.41):\$ \$140.00 Enclosed Authorized to be charged to deposit account 8. Deposit account number:
5. Name and address of party to whom correspondence concerning document should be mailed: Name: Cory M. Amron, Esquire Internal Address: Vorys Sater Seymour and Pease LI Street Address: 1828 L Street, N.W. 11th Floor City: Washington, State: DC ZIP: 20	6. Total number of applications and registrations involved:
5. Name and address of party to whom correspondence concerning document should be mailed: Name: Cory M. Amron, Esquire Internal Address: Vorys Sater Seymour and Pease LI Street Address: 1828 L Street, N.W. 11th Floor City: Washington, State: DC ZIP: 20	6. Total number of applications and registrations involved: 7. Total fee (37 CFR 3.41):\$ \$140.00 Enclosed Authorized to be charged to deposit account 8. Deposit account number:
5. Name and address of party to whom correspondence concerning document should be mailed: Name: Cory M. Amron, Esquire Internal Address: Vorys Sater Seymour and Pease LI Street Address: 1828 L Street, N.W. 11th Floor City: Washington, State: DC ZIP: 26 03/12/2001 JJALLAHZ 00000033 75020870	6. Total number of applications and registrations involved:
5. Name and address of party to whom correspondence concerning document should be mailed: Name: Cory M. Amron, Esquire Internal Address: Vorys Sater Seymour and Pease LI Street Address: 1828 L Street, N.W. 11th Floor City: Washington, State: DC ZIP: 20 03/12/2001 JJALLAH2 00000033 76020870 01 FC:481 40.00 0P 100.00 0P	6. Total number of applications and registrations involved:
5. Name and address of party to whom correspondence concerning document should be mailed: Name: Cory M. Amron, Esquire Internal Address: Vorys Sater Seymour and Pease LI Street Address: 1828 L Street, N.W. 11th Floor City: Washington, State: DC ZIP: 20 03/12/2001 JJALLAH2 00000033 76020870 01 FC:481 40.00 0P 02 FC:482 100.00 0P 9. Statement and signature.	6. Total number of applications and registrations involved:
5. Name and address of party to whom correspondence concerning document should be mailed: Name: Cory M. Amron, Esquire Internal Address: Vorys Sater Seymour and Pease LI Street Address: 1828 L Street, N.W. 11th Floor City: Washington, State: DC ZIP: 20 03/12/2001 JJALLAH2 00000033 76020870 01 FC:481 40.00 0P 02 FC:482 100.00 0P 9. Statement and signature.	6. Total number of applications and registrations involved:
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5. Name and address of party to whom correspondence concerning document should be mailed: Name: Cory M. Amron, Esquire Internal Address: Vorys Sater Seymour and Pease LI Street Address: 1828 L Street, N.W. 11th Floor City: Washington, State: DC ZIP: 20 03/12/2001 JJALLAH2 00000033 76020870 01 FC:481 40.00 0P 02 FC:482 9. Statement and signature. To the best of my knowledge and belief, the foregoing of the original document. Cory M. Amron	6. Total number of applications and registrations involved:
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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

Expedite this form -

call Customer Service:

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

CERTIFICATE OF MERGER

In accordance with the requirements of Ohio law, the undersigned corporations, banks, savings ba

_	
,	SURVIVING ENTITY

	The name of the entity surviving the merger is: nix Computer Systems, Inc.	<u> </u>		
В.	Name Change: As a result of this merger, the name of the surviving entity has been changed to	the follo	<u> </u>	
(Соп	nplete only if name of surviving entity is changing through the merger)		- 턴 - 설	
¢.	The surviving entity is a: (Please check the appropriate box and fill in the approp	riate bla	_	
₹	Domestic (Ohio) for-profit corporation, charter number 762996			
· 🗖	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		<u></u>	
	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 and registered to do business in the State of Ohio under registration number	y of _		
	Foreign (Non-Ohio) limited liability company organized under the laws of the state/country and NOT registered to do business in the State of Ohio.	y of _		
	Domestic (Ohio) limited partnership, with registration number			
0	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			

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Secretary of State

,		Foreign (Non-Ohio) partnership having limite and registered to	o do business in the state of Ohio under r			
		Foreign (Non-Ohio) non-profit incorporation and licensed to transact business in the state of	under the laws of the state/county of of Ohio under license number			
		Foreign (Non-Ohio) non-profit incorporation and not licensed to transact business in the sta				
¥.	The nan which is sheet list	ERGING ENTITY ne, charter/license/registration number, type of c s a party to the merger are as follows: (If this is i ting the merging entities)		tities, please attach a separate		
	Name Frontste	ep, Inc.	Minnesota	Corporation		
III.	MI The nam	ERGER AGREEMENT ON FILE ne and mailing address of the person or entity frequest: Symix Computer Systems, Inc.	rom whom/which eligible persons may of			
,		(name)		2800 Corporate Exchange Drive (street and number)		
		Columbus	Ohio	43231		
		(city, village or township)	(state)	(zip code)		
1V. V.	This me filing; the will be to MH. The law This me under w	reger is to be effective on: December 31, 2000 (inc effective date of the merger cannot be earlier the effective date of the merger). ERGER AUTHORIZED as of the state or country under which each considered was adopted, approved and authorized by each it is organized, and the persons signing this ted to do so.	than the date of filing, if no date is speci tituent entity exists, permits this merger. each of the constituent entities in complia	ified, the date of filing		
VI.		ATUTORY AGENT ne and address of the surviving entity's statutory	agent upon whom any process, notice or	r demand may be served is:		
		(name)	(street and nu	nuber)		
		(city, village or township) m MUST be completed if the surviving entity is sed to conduct business in the state of Ohio)	(zip code	•		

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/				Signature of Agent				
			ceptance of agent must be completed by don					
			the statutory agent for the surviving entity h		differs in			
777Y	•		from the name currently on record with the	e Secretary of State.)				
VII			MENT OF MERGER or upon such later date as specified herein, t	the meroing entity/entities listed	herein chall merce	into the listed		
	-	viving ent	- · · · · · · · · · · · · · · · · · · ·	are merging entry/emutics frated	nerem snan merge	nito are usied		
			•••					
IX.		AMEN	DMENTS					
			of incorporation, articles of organization, co					
			ity (circle appropriate term) of the surviving		ded. Please see att	ached "Exhibit A."		
	(Pl	ease note,	, if there will be no change please state "no o	change") No Chamje				
X.		OUALI	FICATION OR LICENSURE OF FORE	IGN SURVIVING ENTITY				
	A.	_	ed surviving foreign corporation, bank, savi		ed liability compan	y, limited		
			hip, or partnership having limited liability d					
			bank, savings and loan, limited liability con					
			ppoints the following as its statutory agent t			itity may be		
		served in	n the state of Ohio. The name and complete	address of the statutory agent is:				
			(name)		(street and number)			
				, Ohio				
			(city, village or township)	(zip co	ie)			
,		partnersh above as agent can partnersh corporati	ect surviving foreign corporation, bank, saving, or partnership having limited liability in long as the authority of the agent continues muot be found, if the corporation, bank, saving, or partnership having limited liability faion's, bank's, savings bank's, savings and loanited liability's license or registration to do	revocably consents to service of , and to service of process upon t ngs bank, savings and loan, limit ails to designate another agent whan's, limited liability company's,	process on the statu he Secretary of State ed liability compar- nen required to do st limited partnership	story agent listed the of Ohio if the my, limited so, or if the foreign		
	В.	The qual	ifying entity also states as follows: (Comple	te only if applicable)				
			eign 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.)						
			The name of the Foreign Nationally/Federa	ally chartered bank, savings bank	, or savings and loa	an association is		
			· · · · · · · · · · · · · · · · · · ·		_			
		(b.)	(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:	<u> </u>			
				(street address)				
			(city, township, or village)	(county)	(state)	(zip code)		
				. ••	, , ,			
,								

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	(street address)			
	(city, township, or village) (county)		(state)	(zip cod
	(Please note, if there will not be an office in the state of Ohio	, please list non	ie.)	
(e.)	The corporation will exercise the following purpose(s) in the sta	te of Ohio:		
	(Please provide a brief summary of the business to be conducted	; a general claus	se is not suffi	cient)
For	reign Qualifying Limited Liability Company			
(If t	the qualifying entity is a foreign limited liability company, the foll			completed.)
(a.)	The name of the limited liability company in its state of organiz	ation/registratio	n is	
(b.)	The name under which the limited liability company desires to t	ransact business	s in Ohio is	
	The limited liability company was organized or registered on			
und	er the laws of the state/country of		··	_!
	The address to which interested persons may direct requests for secment, bylaws, or other charter documents of the company is:	copies of the art	ucies of organ	mzation, operat
ağıc	ecition, bylaws, or other charter documents of the company is.			
	(street address)			
	(,			
-	(city, township, or village)	(s	(atc)	(zip code)
F	(city, township, or village)	(s	jatc)	(zip code)
For (If t	city, township, or village)	·	•	
(If t	(city, township, or village)	·	•	
(If ti (a.)	(city, township, or village) reign Qualifying Limited Partnership the qualifying entity is a foreign limited partnership, the following	·	•	
(If ti (a.) (b).	(city, township, or village) reign Qualifying Limited Partnership the qualifying entity is a foreign limited partnership, the following The name of the limited partnership is	; information m	ust be comple	
(If ti (a.) (b).	(city, township, or village) reign Qualifying Limited Partnership the qualifying entity is a foreign limited partnership, the following The name of the limited partnership is The limited partnership was formed on	; information m	ust be comple	
(If ti (a.) (b). (c.)	city, township, or village) reign Qualifying Limited Partnership the qualifying entity is a foreign limited partnership, the following The name of the limited partnership is The limited partnership was formed on The address of the office of the limited partnership in its state/co	; information m	ust be comple	•
(If ti (a.) (b). (c.)	(city, township, or village) reign Qualifying Limited Partnership the qualifying entity is a foreign limited partnership, the following The name of the limited partnership is The limited partnership was formed on The address of the office of the limited partnership in its state/co (street address) (city, township, or village)	; information m	ust be comple	eted) .
(If t (a.) (b). (c.)	city, township, or village) reign Qualifying Limited Partnership the qualifying entity is a foreign limited partnership, the following The name of the limited partnership is The limited partnership was formed on The address of the office of the limited partnership in its state/co (street address) (city, township, or village) (county) The limited partnership's principal office address is:	e information me	zation is: (state)	(zip cod
(If t (a.) (b). (c.)	city, township, or village) reign Qualifying Limited Partnership the qualifying entity is a foreign limited partnership, the following The name of the limited partnership is The limited partnership was formed on The address of the office of the limited partnership in its state/co (street address) (city, township, or village) (city, township, or village) (street address is: (street address) (city, township, or village) (county) The names and business or residence addresses of the General p	e information me	zation is: (state)	(zip cod
(If t (a.) (b). (c.)	city, township, or village) reign Qualifying Limited Partnership the qualifying entity is a foreign limited partnership, the following The name of the limited partnership is The limited partnership was formed on The address of the office of the limited partnership in its state/co (street address) (city, township, or village) (county) The limited partnership's principal office address is:	e information me	zation is: (state)	(zip cod
(If t (a.) (b). (c.)	city, township, or village) reign Qualifying Limited Partnership the qualifying entity is a foreign limited partnership, the following The name of the limited partnership is The limited partnership was formed on The address of the office of the limited partnership in its state/co (street address) (city, township, or village) (city, township, or village) (street address is: (street address) (city, township, or village) (county) The names and business or residence addresses of the General p	e information me	zation is: (state)	(zip cod

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The limited partnership hereby certifies that it shall maintain said records until the registration of the I partnership in Ohio is canceled or withdrawn. 4. Foreign Qualifying Partnership Having Limited Liability (a.) The name of the partnership shall be (b.) Please complete the following appropriate section (either item b(1) or b(2)): (1.) The address of the partnership's principal office in Ohio is: (street name and number) (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.) The address of the partnership's principal office (Non-Ohio): (street address) (city, township, or village) (city, township, or village) (city, township, or village) (city, township) (street and number) (street and number) (city, village or township)			(street address)				
(a.) The name of the partnership shall be (b.) Please complete the following appropriate section (either item b(l) or b(2)): (1.) The address of the partnership's principal office in Ohio is: (street name and number) (city, village or township) (2.) The address of the partnership's principal office in Ohio, then items b2 and item c must be completed. The address of the partnership's principal office (Non-Ohio): (city, township, or village) (city, township) (city, village or township) (city, village or township)		The limited partnership hereby certifies the	that it shall maintain said records until the registration of the l	ip code			
(city, township, or village) (city, township) (city, township) (city, township) (city, township) (city, township) (city, township, or village) (city, township) (city, village or township) (city, village or township) (city, village or township)		• •	mited Liability	<u>-</u>			
(city, village or township) (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) (c.) The name and address of a statutory agent for service of process in Ohio is as follows: (name) (city, village or township) (city, village or township)	(b.						
(city, village or township) (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) (city, township, or village) (state) (area and address of a statutory agent for service of process in Ohio is as follows: (name) (street and number) (city, village or township) (zip code)			·				
(2.) The address of the partnership's principal office (Non-Ohio): (street address) (city, township, or village) (c.) The name and address of a statutory agent for service of process in Ohio is as follows: (name) (city, village or township) (zip code)		(city, village or townsh					
(c.) The name and address of a statutory agent for service of process in Ohio is as follows: (name) (city, township, or village) (state) (state) (street and number) (city, village or township) (zip code)		(If the partnership does not have a princ	cipal office in Ohio, then items b2 and item c must be compl	eted)			
(city, township, or village) (state) (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)							
(city, township, or village) (state) (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)		(2.) The audiess of the partite simps print					
(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)			(street address)				
(name) (street and number) , Ohio (city, village or township) (zip code)	(c.			ip code			
(city, village or township) (zip code)		(name)	·				
(d.) Please indicate the state or jurisdiction in which the Foreign Limited Liability Partnership has been for		(city, village or township)					
		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:	(d.	Please indicate the state of jurisdiction in					
	(e.)	The business which the partnership engage	ges in is: s certificate of merger to be signed by its duly authorized				
ers, partners and representatives on the date(s) stated below.	(e.)	The business which the partnership engaged constituent entities have caused this tners and representatives on the date(s) st	ges in is: s certificate of merger to be signed by its duly authorized stated below.				
undersigned constituent entities have caused this certificate of merger to be signed by its duly authorized ters, partners and representatives on the date(s) stated below. State of entity	(e.)	The business which the partnership engaged constituent entities have caused this tners and representatives on the date(s) stoputer Systems, Inc.	ges in is: s certificate of merger to be signed by its duly authorized stated below. Frontstep, Inc.				
ers, partners and representatives on the date(s) stated below.	(e.)	The business which the partnership engaged constituent entities have caused this tners and representatives on the date(s) stoputer Systems, Inc.	ges in is: s certificate of merger to be signed by its duly authorized stated below. Frontstep, Inc. (Exact name of entity).				

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Secretary of State

(Exact name of entity)	(Exact name of entity)
By:	Ву:
Its:	Its:
Date;	Date:
(Exact name of entity)	(Exact name of entity)
By:	Ву:
Its:	Its:
Date:	Date:
(Exact name of entity)	(Exact name of entity)
Ву:	Ву:
Jts:	
Date:	Date:
(Exact name of entity)	(Exact name of entity)
By:	Ву:
Its:	Its:
Date:	Date:
(Exact name of entity)	(Exact name of entity)
Ву:	Ву:
Its:	Its:
Pate:	Date:
(Exact name of entity)	(Exact name of entity)
Bv:	Bv:
By: Its:	By:
Pate:	Date:
(Exact name of entity)	(Exact name of entity)
By:	Ву:
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Pate:	Date:

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RECORDED: 03/02/2001

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