

06-04-2002



To:  
Please

102111131

marks:  
/ thereof.

1. Name of conveying party(ies):  
PDI, Inc.

- Individual
- General Partnership
- Corporation-State
- Association
- Limited Partnership
- Other \_\_\_\_\_

Additional name(s) of conveying party(ies) attached?  Yes  No

3. Nature of conveyance:

- Assignment
- Security Agreement
- Other \_\_\_\_\_
- Merger
- Change of Name

5-31-02

2. Name and address of receiving party(ies):

Name: Plasti Dip International, Inc.

Internal Address: 3920 Pheasant Ridge Drive

Street Address: \_\_\_\_\_

City: Blaine State: Minnesota ZIP: 55449

- Individual(s) citizenship \_\_\_\_\_
- Association \_\_\_\_\_
- General Partnership \_\_\_\_\_
- Limited Partnership \_\_\_\_\_
- Corporation-State \_\_\_\_\_
- Other \_\_\_\_\_

If assignee is not domiciled in the U.S., a domestic representative designation is attached:

- Yes
- No

Additional name(s) & address(es) attached?

- Yes
- No

Execution Date: March 27, 2001

4. Application number(s) or trademark number(s):

If this document is being filed together with a new application, the execution date of the application is: \_\_\_\_\_

A. Trademark Application No.(s)  
75/928,290

B. Trademark Registration No.(s)	
1,754,736	2,355,684
1,011,289	1,047,909
1,562,825	1,732,309
	1,235,572
	1,163,732
	2,520,833

Additional numbers attached?  Yes  No

5. Name and address of party to whom correspondence concerning document should be mailed:

Name: Lawrence M. Nawrocki

Address: NAWROCKI, ROONEY & SIVERTSON, P.A.  
3433 Broadway Street N.E., Suite 401  
Minneapolis, MN 55413

6. Total number of applications and trademarks involved: 10

7. Total fee (37 CFR 3.41). . \$265.00

- Enclosed
- Authorized to be charged to deposit account

8. Deposit Account Number: \_\_\_\_\_  
(Attach duplicate copy of this page paying by deposit account)

OFFICE OF RECORDS  
702 MAY 31 9112 41  
FINANCIAL SECTION

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.

Lawrence M. Nawrocki  
Name of Person Signing

Lawrence M. Nawrocki  
Signature

May 14, 2002  
Date

Total number of pages comprising cover sheet, attachments and document: 2

OMB No. 0651-0011 (exp. 4/94)

11046/001/101

Do not detach this portion

Mail documents to be recorded with required cover sheet information to:

**Commissioner of Patents and Trademarks**  
**Box Assignments**  
**Washington, D.C. 20231**

Public burden reporting for this sample cover sheet is estimated to average about 30 minutes per document to be recorded, including time for reviewing the document and gathering the data needed, and completing and reviewing the sample cover sheet. Send comments regarding this burden estimate to the U.S. Patent and Trademark Office, Office of Information Systems, PK2-1000C, Washington, D.C. 20231, and to the Office of Management and Budget, Paperwork Reduction Project (0651-0011), Washington, D.C. 20503.

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01 FC:481 40.00 OP  
02 FC:482 225.00 OP



25-902 4 / 23

MINNESOTA SECRETARY OF STATE  
AMENDMENT OF ARTICLES OF INCORPORATION

BEFORE COMPLETING THIS FORM, PLEASE READ INSTRUCTIONS LISTED BELOW.

CORPORATE NAME:(List the name of the company prior to any desired name change)

PDI, Inc.

This amendment is effective on the day it is filed with the Secretary of State, unless you indicate another date, no later than 30 days after filing with the Secretary of State.

The following amendment(s) of articles regulating the above corporation were adopted: (insert full text of newly amended article(s) indicating which article(s) is (are) being amended or added.) If the full text of the amendment will not fit in the space provided, attach additional numbered pages. (Total number of pages including this form 1.)

ARTICLE 1

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The name of this corporation is Plasti Dip International, Inc.

This amendment has been approved pursuant to Minnesota Statutes chapter 302A or 317A. I certify that I am authorized to execute this amendment and I further certify that I understand that by signing this amendment, I am subject to the penalties of perjury as set forth in section 609.46 as if I had signed this amendment under oath.

*[Signature]*  
(Signature of Authorized Person)

INSTRUCTIONS

1. Type or print with black ink.
2. A Filing Fee of: \$35.00, made payable to the Secretary of State.
3. Return completed forms to:

Secretary of State  
180 State Office Building  
100 Constitution Ave.  
St. Paul, MN 55155-1299  
(612)296-2803

FOR OFFICE USE ONLY

STATE OF MINNESOTA  
DEPARTMENT OF STATE  
FILED

MAR 27 2001

*[Signature]*  
Secretary of State

m

082213-00 Rev. 8/92

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