

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

FORM PTO-1618A
Expires 06/30/09
OMB 0651-0027

**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 <input checked="" type="checkbox"/> New <input type="checkbox"/> Resubmission (Non-Recordation) <input type="checkbox"/> Document ID # <input type="text"/> <input type="checkbox"/> Correction of PTO Error Reel # <input type="text"/> Frame # <input type="text"/> <input type="checkbox"/> Corrective Document Reel # <input type="text"/> Frame # <input type="text"/>		Conveyance Type <input type="checkbox"/> Assignment <input type="checkbox"/> License <input type="checkbox"/> Security Agreement <input type="checkbox"/> Nunc Pro Tunc Assignment <input checked="" type="checkbox"/> Merger Effective Date Month Day Year <input type="text" value="March 28, 2003"/> <input checked="" type="checkbox"/> Change of Name <input type="checkbox"/> Other <input type="text"/>	
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Conveying Party Mark if additional names of conveying parties attached

Name Effective Date
 Month Day Year

Formerly

Individual General Partnership Limited Partnership Corporation Association

Other

Citizenship/State of Incorporation/Organization

Receiving Party Mark if additional names of conveying 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

Corporation Association

Other

Citizenship/State of Incorporation/Organization

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. 20231

TRADEMARK

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FORM PTO-1618B
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Page 2

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="2552933"/>	<input type="text" value="2035637"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<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 account)

Deposit Account Number

Authorization to charge additional fees: Yes No

Statement and Signature

To the best of my knowledge and belief, the foregoing 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.

Michael G. Kelber
Name of Person Signing


Signature

4/7/03
Date Signed

(M) 000 803913

(S) 000837909
FEDERAL IDENTIFICATION
NO. Applied For
Fee: \$250.00

[Signature]
Examiner

The Commonwealth of Massachusetts

William Francis Galvin
Secretary of the Commonwealth
One Ashburton Place, Boston, Massachusetts 02108-1512

081

ARTICLES OF MERGER OF TRUST AND CORPORATION
(General Laws, Chapter 156B, Section 83)

We, Marcus J. George ~~XXXXXX~~ Vice President,

and Stephen R. Otis ~~XXXXXX~~ Assistant Clerk,

(S)

of Waddington North America, Inc.
(Name of corporation)

located at Six Stuart Road, Chelmsford, Massachusetts 01824
(Address of corporation)

and the trustees or other persons authorized to sign for the trust named below hereby certify as follows:

1. The trust to be merged into the corporation is:

M

NAME	STATE OF ORGANIZATION	DATE OF ORGANIZATION
Waddington North America Business Trust	Massachusetts	October 30, 2001

4
P.C.

*Delete the inapplicable word.

2. The ~~corporation~~ / trust owns at least ninety percent (90%) of the outstanding shares of each class of the ~~corporation~~ / trust.
3. In the case of the above-named trust, the provisions of the Instrument of Declaration of Trust permit the merger herein described, and that all action required under the laws of this Commonwealth in connection with this merger has been duly taken.
4. The agreement of merger complies with the requirements of General Laws, Chapter 156B, Section 83, and will be kept as provided by Subsection (d) thereof. The corporation will furnish a copy of said agreement to any stockholder of the corporation, or any person who was an owner of a certificate of participation or shares of the association or trust, upon written request and without charge.
5. The effective date of the merger determined pursuant to the agreement referred to in paragraph 4 shall be the date approved and filed by the Secretary of the Commonwealth. If a *later* effective date is desired, specify such date which shall not be more than *thirty days* after the date of filing:
6. The undersigned officers, with respect to the corporation, and the undersigned trustees or other authorized persons, with respect to the trust, further certify that the agreement of merger has been duly approved by the corporation and by the trust, respectively, in the manner required by General Laws, Chapter 156B, Section 83 on the following dates:

Date of approval by corporation:

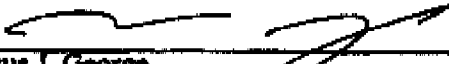
March 26, 2003

Date of approval by trust:

March 26, 2003

SIGNED UNDER THE PENALTIES OF PERJURY, this 26th day of March, 20 03.

FOR THE CORPORATION:


_____, ~~Trustee~~ Vice President.


_____, ~~Secretary~~ Assistant Clerk.

FOR THE TRUST:
WNABT Corporate Trustee, Inc., sole Trustee



Marcus J. George, ~~Vice President~~

(Trustees or authorized persons)

**Delete the inapplicable words.*

05/10/0762

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03 MAR 28 PM 3:27
CORPORATION DIVISION

THE COMMONWEALTH OF MASSACHUSETTS
ARTICLES OF MERGER OF TRUST AND CORPORATION
(General Laws, Chapter 156B, Section 83)

I hereby approve the within Articles of Merger of Trust and Corporation and, the filing fee in the amount of \$ 200⁰⁰, having been paid, said articles are deemed to have been filed with me this 28th day of March, 2003

Effective date: March 28, 2003

A TRUE COPY ATTEST
William Francis Galvin
WILLIAM FRANCIS GALVIN
SECRETARY OF THE COMMONWEALTH
DATE 4-3-03 CLERK AGS

William Francis Galvin

WILLIAM FRANCIS GALVIN
Secretary of the Commonwealth

TO BE FILLED IN BY CORPORATION
Photocopy of document to be sent to:

CT Corporation System
101 Federal Street
Boston, Massachusetts
Telephone: 617-675-6400