

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

RECORDATION FORM COVER SHEET  
**TRADEMARKS ONLY**

Docket No.:

114481-002

Tab settings

To the Honorable Commissioner of Patents and Trademarks: Please record the attached original documents or copy thereof.

1. Name of conveying party(ies):

**Topco Associates, Inc.**  
7711 Gross Point Road  
Skokie, Illinois 60077-2697

- Individual(s)
- General Partnership
- Corporation-State
- Other Wisconsin co-operative corporation
- Association
- Limited Partnership

Additional names(s) of conveying party(ies)  Yes  No

3. Nature of conveyance:

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

Execution Date: October 29, 2001 (Effective Date)

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

Name: Topco Holdings, Inc.

Internal Address: \_\_\_\_\_

Street Address: 7711 Gross Point Road

City: Skokie State: IL ZIP: 60077

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

If assignee is not domiciled in the United States, a domestic 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):

A. Trademark Application No.(s)

B. Trademark Registration No.(s)

2,595,156

Additional numbers  Yes  No

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

Name: Carol A. Genis, Esq.

Internal Address: Bell, Boyd & Lloyd LLC

Street Address: P.O. Box 1135

City: Chicago State: IL ZIP: 60690

6. Total number of applications and registrations involved:.....

1

7. Total fee (37 CFR 3.41):.....\$ \$40.00

- Enclosed
- Authorized to be charged to deposit account

8. Deposit account number:

02-1818

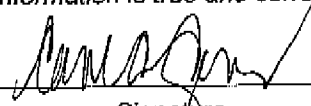
DO NOT USE THIS SPACE

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.

Carol A. Genis

Name of Person Signing



Signature

May 20, 2003

Date

700030984

Total number of pages including cover sheet, attachments, and

**TRADEMARK**

REEL: 002653 FRAME: 0243



OFFICE OF THE SECRETARY OF STATE

JESSE WHITE • Secretary of State

MAY 23, 2002

0675-310-8

CSC NETWORKS  
700 S 2ND ST  
SPRINGFIELD, IL 62704

RE TOPCO HOLDINGS, INC. (COOPERATIVE)

DEAR SIR OR MADAM:

ENCLOSED YOU WILL FIND THE AMENDED AUTHORITY FOR THE ABOVE CORPORATION.

FEES IN THIS CONNECTION HAVE BEEN RECEIVED AND CREDITED.

THIS DOCUMENT MUST BE RECORDED IN THE OFFICE OF THE RECORDER OF THE COUNTY IN WHICH THE REGISTERED OFFICE OF THE CORPORATION IS LOCATED.

SINCERELY YOURS,

A handwritten signature in cursive script that reads "Jesse White".

JESSE WHITE  
SECRETARY OF STATE

DEPARTMENT OF BUSINESS SERVICES  
CORPORATION DIVISION  
TELEPHONE (217) 782-6961

JW:CD

Form **BCA-13.40**  
(Rev. Jan. 1999)

**APPLICATION FOR AMENDED  
CERTIFICATE OF AUTHORITY TO  
TRANSACTION BUSINESS IN ILLINOIS**

File # 0175-310-8

Jesse White  
Secretary of State  
Department of Business Services  
Springfield, IL 62756  
Telephone (217) 782-1837  
http://www.sos.state.il.us

**FILED**

MAY 23 2002

JESSE WHITE  
SECRETARY OF STATE

**SUBMIT IN DUPLICATE**

This space for use by  
Secretary of State

Date 5-23-02

Filing Fee \$ 25.00

Approved [Signature]

Remit payment in check or money  
order payable to "Secretary of State."

1. (a) CORPORATE NAME: Topco Associates, Inc. (Cooperative)

(b) If changed, NEW CORPORATE NAME: Topco Holdings, Inc. (Cooperative)

(c) (Complete only if the new corporate name is not available in this state.)  
ASSUMED CORPORATE NAME: \_\_\_\_\_  
(By electing this assumed name, the corporation hereby agrees NOT to use its corporate name in the transaction of business in Illinois. Form BCA 4.15 is attached.)

2. (a) State or Country of Incorporation: Wisconsin

(b) If changed, Period of Duration: No change

3. If changed, Purpose or Purposes proposed to be pursued in transacting business in this State:  
(If not sufficient space to cover this point, use reverse side or add one or more sheets of this size.)  
No change

4. This application is accompanied by a copy of the articles of Amendment to the Articles of Incorporation, if any, as evidence of any change of name, duration or purpose reported herein, such copy being duly authenticated by the proper officer of the state or country wherein the corporation is incorporated, which certification is not more than ninety (90) days old. The filing fee for the certified copy of the Articles of Amendment is \$25 unless the amendment acts as a restatement of the Articles of Incorporation, in which case the filing fee is \$100. In the event the statutory change was effected in a merger, a certified copy of the merger is required, plus applicable fee.

5. The undersigned corporation has caused this statement to be signed by its duly authorized officers, each of whom affirms, under penalties of perjury, that the facts stated herein are true. (All signatures must be in **BLACK INK**)

Dated April 30, 2002  
(Month/Day) (Year)

Topco Holdings, Inc. (Cooperative)  
(Exact Name of Corporation)

attested by [Signature]  
(Signature of Secretary or Assistant Secretary)

by [Signature]  
(Signature of President or Vice President)

Steven K. Lauer Asst. Sec.  
(Type or Print Name and Title)

Steven K. Lauer President  
(Type or Print Name and Title)

C-196.0

DFI/CORP/30  
DOCUMENT  
2/00

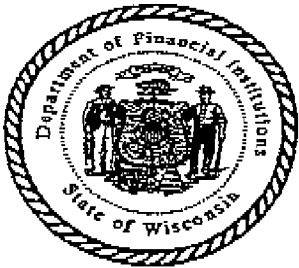
United States of America  
State of Wisconsin



DEPARTMENT OF FINANCIAL INSTITUTIONS

To All to Whom These Presents Shall Come, Greeting:

I, RAY ALLEN, Administrator, Division of Corporate & Consumer Services, Department of Financial Institutions, do hereby certify that the annexed copy has been compared with the document on file in the Corporation Section of the Division of Corporate & Consumer Services of this department, and that the same is a true copy thereof; and that I am the legal custodian of said document, and that this certification is in due form.



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the official seal of the Department.

RAY ALLEN, Administrator  
Division of Corporate & Consumer Services  
Department of Financial Institutions

DATE: APR 22 2002

BY:

Effective July 1, 1996, the Department of Financial Institutions assumed the functions previously performed by the Corporations Division of the Secretary of State and is the successor custodian of corporate records formerly held by the Secretary of State.

DH/OCS/Corp  
Form 204  
WISCONSIN  
9/97

Feb Fee - \$15.00

PLEASE READ INSTRUCTIONS ON  
THE REVERSE BEFORE ATTEMPTING  
TO COMPLETE THIS FORM.

# COOPERATIVE AMENDMENT

04 4702357

State the article number to be amended and the amendment language below:

Resolved, That

Article I of the articles of incorporation be and it is amended to read as follows:

## ARTICLE I

The name of this Association shall be Topco Holdings, Inc. (Cooperative). Its location shall be in the Village of Skokie, Cook County, Illinois; and its registered agent shall be CT Corporation System, whose address is 222 West 44 East Mill Street Washington Avenue, Madison, Wisconsin 53703. This Association is a cooperative, incorporated under Section 185 of the Wisconsin statutes ACCT 00011149 CLASS CODE 310

TRX 0001642708 Amount \$10.00

4/12/07  
OK per Susan Hankinson  
C.T. Chang  
718

The undersigned officers of Topco Associates, Inc. (Cooperative) a Wisconsin

cooperative with principal office in Cook County, Illinois, Dane County (County, Wisconsin) do CERTIFY that:

1. The foregoing amendment of the articles of association of said cooperative was adopted on the 29th day of October, 2001, by the following vote:

FINANCIAL INSTITUTIONS  
STATE OF WISCONSIN  
02 APR 11 02

Classes of members	Number of Members having voting rights	Number voting FOR	AGAINST
PH 3: Common	26	24	0

ACCT 00011149 CLASS CODE 340  
TRX 0001642710 Amount \$25.00

Executed in duplicate, dated and seal (if any) affixed this 29th day of April, 2002.

Steven K. Jones  
President

(Affix seal or state that there is none)

There is no seal.

Stephen L. Jones  
Secretary

4/12/07  
OK per Susan Hankinson  
C.T. Chang

This document was drafted by Outside Wisconsin  
(Please print or type the name of the individual - sec. 182.01(3), Wis. Stats.)

SEE FEES AND INSTRUCTIONS ON THE REVERSE SIDE

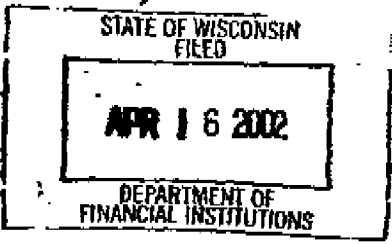
# COOPERATIVE AMENDMENT

Use Div of Sect 11144

*Change Name of Cooperative*

*\$10. copies + 25¢ Fee*

ATTN: *Tommy*  
 C T CORPORATION SYSTEM  
 44 E MIFFLIN ST  
 MADISON WI 53703



← Please indicate where you would like the acknowledgment copy of the filed document sent. Please include complete name and mailing address.

Your telephone number during the day: *(608) 259-7319*

## INSTRUCTIONS

- A. An amendment of articles lawful under s. 185.05 may be adopted at a meeting of the members by an affirmative vote of two-thirds of the votes cast, unless the articles require a greater vote or stockholders are entitled by s. 185.52 to vote on the amendment. If the amendment includes a change of corporate name, the new corporate name must include the word "cooperative" or an abbreviation thereof.
- B. The document is to be signed by the cooperative's PRESIDENT (or vice-president) and SECRETARY (or assistant secretary), and the corporate seal affixed. If the cooperative does not have a seal, enter the remark "No Seal." Manual, handwritten or stamped signatures are required. Carbon copy, photo copy, or electrostatic signatures are not acceptable.
- C. Submit in DUPLICATE ORIGINAL. Furnish the Department of Financial Institutions two copies of the document. (Mailing address: Department of Financial Institutions, P.O. Box 7846, Madison WI, 53707. If sent by Express or Priority US mail, address to 345 W. Washington Avenue, 3<sup>rd</sup> Floor, Madison WI 53703.) One copy will be retained by the Department of Financial Institutions and the other copy transmitted directly to the Register of Deeds of the county named in this document, together with your check for the recording fee. When the document has been recorded, it will be returned to the address you provided above.
- D. Two SEPARATE REMITTANCES are required.
  - 1) Send a FILING FEE of \$10, payable to the DEPARTMENT OF FINANCIAL INSTITUTIONS. If the amendment increases stock, provide an additional fee of \$1.25 for each \$1,000 on the increase. Your canceled check is your receipt for fee payment.
  2. Send a RECORDING FEE of \$12, by a separate check, payable to REGISTER OF DEEDS of the county named in this document as the county within which the cooperative's principal office (or registered agent) is located. If this document effects a change of the address of the corporation's principal office from one county to another, submit a TRIPPLICATE document, and a recording fee for each county.

If you have any additional questions, please contact the Division of Corporate and Consumer Services at 608/261-9555.