

02-24-2003

2.24/02

Form PTO-1594

(Rev. 10/02)

OMB No. 0651-0027 (exp. 6/03)

Tab settings ⇐ ⇐ ⇐ ▼ ▼ ▼ ▼ ▼ ▼ ▼



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SHEET
NLYU.S. DEPARTMENT OF COMMERCE
U.S. Patent and Trademark Office

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

1. Name of conveying party(ies):

BSH Acquisition Company LLC

2.24.03

- ☐ Individual(s) ☐ Association
☐ General Partnership ☐ Limited Partnership
☐ Corporation-State
☒ Other limited liability company

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

3. Nature of conveyance:

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

Execution Date: 1/6/03

2. Name and address of receiving party(ies)

Name: Builders Specialties & Hardware LLC

Internal

Address: c/o Amweld Building Products LLC

Street Address: 1500 Amweld Drive

City: Garrettsville State: OH Zip: 44231

- ☐ Individual(s) citizenship
☐ Association
☐ General Partnership
☐ Limited Partnership
☐ Corporation-State
☒ Other Ohio limited liability company

If assignee is not domiciled in the United States, a domestic representative designation is attached: ☐ Yes ☒ No
 (Designations must be a separate document from assignment)
 Additional name(s) & address(es) attached? ☐ Yes ☒ No

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

A. Trademark Application No.(s) _____

B. Trademark Registration No.(s) 2341003

2312036

Additional number(s) attached ☐ Yes ☒ No

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

Name: _____

Internal Address: _____

_____ Federal Research Company, LLC
 _____ 1030 15th Street, NW, Suite 920
 _____ Washington, DC 20005

Street: _____

City: _____ State: _____ Zip: _____

6. Total number of applications and registrations involved: _____

2

7. Total fee (37 CFR 3.41).....\$ 65.00

- ☒ Enclosed
☐ Authorized to be charged to deposit account

8. Deposit account number: _____

DO NOT USE THIS SPACE

9. Signature.

Sharon S. Patterson

Name of Person Signing

Sharon S. Patterson

Signature

2/21/03

Date

5

Total number of pages including cover sheet, attachments, and document:

Mail documents to be recorded with required cover sheet information to:
 Commissioner of Patent & Trademarks, Box Assignments
 Washington, D.C. 20231

02/25/2003 6TOM11 00000048 2341003

01 FC:8521
02 FC:852240.00 DP
25.00 DPTRADEMARK
REEL: 002676 FRAME: 0471

01-14-2003 03:46pm

From-ULMER AND BERNE LLP

+2166218400

T-858 P.002

F-815

200300700330

DATE
07/2003

DOCUMENT ID
200300700330

DESCRIPTION
AMEND/ARTICLES-
ORGANIZATION/DOM, LLC (LAM)

FILING
50.00

EXPED
.00

PENALTY
.00

CERT
.00

COPY
.00

Receipt

This is not a bill. Please do not remit payment.

ULMER & BERNE LLP
ATTN: DOUGLAS K. SESNOWITZ
1300 E NINTH ST., STE 900
CLEVELAND, OH 44114

**STATE OF OHIO
CERTIFICATE**

Ohio Secretary of State, J. Kenneth Blackwell

1343721

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

BUILDERS SPECIALTIES & HARDWARE LLC

and, that said business records show the filing and recording of:

Document(s):

AMEND/ARTICLES-ORGANIZATION/DOM. LLC

Document No(s):

200300700330



United States of America
State of Ohio
Office of the Secretary of State

Witness my hand and the seal of the
Secretary of State at Columbus, Ohio
this 6th day of January, A.D. 2003.

J. Kenneth Blackwell
Ohio Secretary of State

01-14-2003

03:47pm

From-ULMER AND BERNE LLP

+2166218400

T-858 P 003

F-815



Prescribed by J. Kenneth Blackwell

Ohio Secretary of State
Central Ohio: (614) 466-3910

Toll Free: 1-877-SOS-FILE (1-877-767-3453)

www.state.oh.us/sos

e-mail: busserv@sos.state.oh.us

Expedite this Form: (Select One)	
<input type="radio"/> Yes	PO Box 1390 Columbus, OH 43216 -- Requires an additional fee of \$100 --
<input type="radio"/> No	PO Box 1028 Columbus, OH 43216

**Limited Liability Company Certificate of
Amendment / Restatement / Correction**
(Domestic or Foreign)
Filing Fee \$50.00

(CHECK ONLY ONE (1) BOX)

<input checked="" type="checkbox"/> (1) Domestic Limited Liability Company <input checked="" type="checkbox"/> Amendment (129-LAM) <input type="checkbox"/> Restatement (142-LRA) October 1, 2002 (Date of Organization)	<input type="checkbox"/> (2) Foreign Limited Liability Company <input type="checkbox"/> Correction (135-LFC) (Name) _____ (Qualifying in Ohio on MM/DD/YY) _____
--	---

The undersigned authorized representative of _____

1343721

(Name)

(Registration Number)

The above stated Limited Liability Company does hereby certify that the undersigned is duly authorized to execute this certificate, and hereby certifies that the above named Limited Liability Company ☐ Amend ☐ Restate ☐ Correct the following:

Complete the information in this section if box (1) Restatement is checked, all sections below must be completed.
If box (1) Amendment or box (2) Correction is checked only complete sections that applies.

FIRST: The name of said limited liability company shall be:

Builders Specialties & Hardware LLC

(The name must include the words "limited liability company", "limited", "Ltd.", "Ltd.", "LLC", or "L.L.C.")

SECOND: (OPTIONAL) This limited liability company shall exist for a period of _____

THIRD: The address to which interested persons may direct requests for copies of any operating agreement and any bylaws of this limited liability company is (OPTIONAL):

(street address)

NOTE: P.O. Box Addresses are NOT acceptable.

(city, township, or village)

(state)

(zip code)

☐ Please check if additional provisions attached hereto are incorporated herein and made a part of these articles of organization.

FOURTH: Purpose (OPTIONAL)

Prescribed by **J. Kenneth Blackwell**Ohio Secretary of State
Central Ohio: (614) 466-3910

Toll Free: 1-877-SOS-FILE (1-877-767-3453)

www.state.oh.us/sos

e-mail: busserv@sos.state.oh.us

Expedite this Form: (Select One)

Mail Form to one of the following:

- ☐ Yes PO Box 1390
Columbus, OH 43216
*** Requires an additional fee of \$100 ***
- ☐ No PO Box 1028
Columbus, OH 43216

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Filing Fee \$50.00

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	_____ (Qualifying in Ohio on MM/DD/YY)

The undersigned authorized representative of _____

(Name)

1343721

(Registration Number)

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(city, township, or village)

(state)

(zip code)

☐ Please check if additional provisions attached hereto are incorporated herein and made a part of these articles of organization.**FOURTH: Purpose (OPTIONAL)**

Complete the information in this section if box (2) is checked and the Limited Liability Company wants to appoint a statutory agent

The limited liability company hereby appoints the following as its agent upon whom process against the limited liability company may be served in the state of Ohio. The name and complete address of the agent is:

(Name)

(Street)

NOTE: P.O. Box Addresses are NOT acceptable.

(City, village or township)

Ohio

(State)

(Zip Code)

The limited liability company irrevocably consents to service of process on the agent listed above as long as the authority of the agent continues, and to service of process upon the OHIO SECRETARY OF STATE if:

- A. the agent cannot be found or,
- B. the limited liability company fails to designate another agent when required to do so, or,
- C. the limited liability company's registration to do business in Ohio expires or is cancelled.

W.W. Versat, LLC

REQUIRED
Must be authenticated (signed) By
by an authorized representative
(See Instructions)

Jeffrey D. Weiner
Authorized Representative
Jeffrey D. Weiner

December 31, 2002
Date

Authorized Representative

Date

Authorized Representative

Date