

Form PTO-1594 (Rev. 03/01) OMB No. 0651-0027 (exp. 5/31/2002)

RECORDATION FORM COVER SHEET TRADEMARKS ONLY

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

Attorney Dkt: MAZZ.G112

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

1. Name of conveying party(ies): MZ Wholesale Acquisition, LLC
[ ] Individual(s) [ ] Association
[ ] General Partnership [ ] Limited Partnership
[ ] Corporation-State
[X] Other Limited Liability Company of OH
Additional name(s) of conveying party(ies) attached? [ ] Yes [X] No

2. Name and address of receiving party(ies)
Name: Aurora Wholesalers, LLC
Internal Address:
Street Address: 31000 Aurora Road
City: Solon State: Ohio Zip: 44139
[ ] Individual(s) citizenship
[ ] Association
[ ] General Partnership
[ ] Limited Partnership
[ ] Corporation-State
[X] Other Limited Liability Company of OH
If assignee is not domiciled in the United States, a domestic representative designation is attached: [ ] Yes [X] No
(Designations must be a separate document from assignment)
Additional name(s) & address(es) attached? [ ] Yes [X] No

3. Nature of conveyance:
[ ] Assignment [X] Merger
[ ] Security Agreement [ ] Change of Name
[ ] Other
Execution Date: 12/27/02 and 12/19/02

4. Application number(s) or registration number(s):
A. Trademark Application No.(s) SEE ATTACHED
Additional number(s) attached [X] Yes [ ] No

B. Trademark Registration No.(s) SEE ATTACHED

5. Name and address of party to whom correspondence concerning document should be mailed:
Name: Warren A. Sklar
Internal Address: Renner, Otto, Boisselle & Sklar, LLP
Street Address: 1621 Euclid Avenue Nineteenth Floor
City: Cleveland State: Ohio Zip: 44115

6. Total number of applications and registrations involved: 21
7. Total fee (37 CFR 3.41).....\$ 540.00
[ ] Enclosed
[X] Authorized to be charged to deposit account
8. Deposit account number: 18-0988
(Attach duplicate copy of this page if paying by deposit account)

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.
Warren A. Sklar Signature Date 8/6/03
Name of Person Signing
Reg. No. 26,373
Total number of pages including cover sheet, attachments, and document 12

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

CH \$540.00 180988 78124364

APPNO	REGNO	TRADEMARK
74/089,543	1,726,928	PARTY HOUSE
78/124,364		SWISS GOLD
75/600,161	2,468,767	NEW YORK PUBLISHER'S OUTLET
75/275,527	2,235,061	MAMA ZELLO'S
75/275,461	2,237,481	PICK O' THE CROP
75/186,453	2,522,883	GRILL KING
75/226,283	2,234,917	HOLY LAND CANDLE COMPANY
72/963,169	963,169	BUCK-A-RAMA
72/257,246	838,824	DOLLAR-AMA
72,384,763	961,522	DOLLAR DAZE AND DESIGN
72/961,095	961,095	DOLLAR POWER
72/963,168	963,168	DOLLAR STRETCHERS
73/784,369	1,564,483	HOLIDAY SPARKLE
73/528,725	1,421,857	HOME FOR THE HOLIDAYS
72/961,096	961,096	S-T-R-E-T-C-H-A-DOLLAR
75/357,110	2,176,954	CHORE SAVERS
75/357,130	2,241,282	CHORE SAVERS
75/866,875	2,402,105	LINDSEY SINCLAIR
75/867,695	2,663,780	LINDSEY SINCLAIR
75/895,666	2,572,700	MAZEL S
78/247,515		TOPAZ

Doc ID --> 200300300676



DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
01/03/2003	200300300676	MERGER/DOMESTIC (MER)	125.00	.00	.00	.00	.00

**Receipt**

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SQUIRE, SANDERS & DEMPSEY, L.L.P.  
41 SOUTH HIGH STREET, SUITE 1300  
COLUMBUS, OH 43215

# STATE OF OHIO

Ohio Secretary of State, J. Kenneth Blackwell

1292967

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

**AURORA WHOLESALERS, LLC**

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

Document(s)  
**MERGER/DOMESTIC**

Document No(s):  
**200300300676**



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 30th day of December,  
A.D. 2002.

*J. Kenneth Blackwell*  
Ohio Secretary of State

Doc ID --> 200300300676

DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
01/03/2003	200300300676	MERGED OUT OF EXISTENCE (MEX)	.00	.00	.00	.00	.00

**Receipt**

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

SQUIRE, SANDERS & DEMPSEY, L.L.P.  
41 SOUTH HIGH STREET, SUITE 1300  
COLUMBUS, OH 43215

# STATE OF OHIO

Ohio Secretary of State, J. Kenneth Blackwell

1288878

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

**MZ WHOLESALE ACQUISITION, LLC**

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

Document(s)

**MERGED OUT OF EXISTENCE**

Document No(s):

**200300300676**



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 30th day of December,  
A.D. 2002.

*J. Kenneth Blackwell*  
Ohio Secretary of State

Doc ID --> 200300300676



Prescribed by **J. Kenneth Blackwell**  
Ohio Secretary of State  
Central Ohio: (614) 466-3910  
Toll Free: 1-877-SOS-FILE (1-877-767-3453)

<b>Expedite this Form: (Select One)</b>	
<b>Mail Form to one of the following:</b>	
<input type="checkbox"/> Yes	PO Box 1390 Columbus, OH 43216 *** Requires an additional fee of \$100 ***
<input type="checkbox"/> No	PO Box 1329 Columbus, OH 43216

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

**CERTIFICATE OF MERGER**  
(For Domestic or Foreign, Profit or Non-Profit)  
Filing Fee \$125.00  
*(154-MER)*

In accordance with the requirements of Ohio law, the undersigned corporations, banks, savings banks, savings and loan, limited liability companies, limited partnerships and/or partnerships with limited liability, desiring to effect a merger, set forth the following facts:

I. SURVIVING ENTITY

A. The name of the entity surviving the merger is:

Aurora Wholesalers, LLC

B. Name Change: As a result of this merger, the name of the surviving entity has been changed to the following:

(Complete only if name of surviving entity is changing through the merger)

C. The surviving entity is a: (Please check the appropriate box and fill in the appropriate blanks)

- Domestic (Ohio) For-Profit Corporation, charter number \_\_\_\_\_
- 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 \_\_\_\_\_
- 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 1292967
- Foreign (Non-Ohio) Limited Liability Company 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 Liability Company organized under the laws of the state/country of \_\_\_\_\_ and NOT registered to do business in the State of Ohio, \_\_\_\_\_
- Domestic (Ohio) Limited Partnership, with registration number \_\_\_\_\_
- 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 \_\_\_\_\_

SECRETARY OF STATE  
RECEIVED  
2003 DEC 30 PM 2:54  
CLERK OF THE COURT

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- 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 \_\_\_\_\_
- Foreign (Non-Ohio) Partnership having limited liability 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) Non-Profit incorporation under the laws of the state/country of \_\_\_\_\_ and licensed to transact business in the state of Ohio under license number \_\_\_\_\_
- Foreign (Non-Ohio) Non-Profit incorporation under the laws of the state/country of \_\_\_\_\_ and not licensed to transact business in the state of Ohio.

II. MERGING ENTITY

The name, charter/license/registration number, type of entity, state/country of incorporation or organization, respectively, of which is the entities merging out of existence are as follows: (if this is insufficient space to reflect all merging entities, please attach a separate sheet listing the merging entities)

(Please list the Ohio charter, license/registration no. below)

Name / charter, license or registration number	State/Country of Organization	Type of Entity
Mz Wholesale Acquisition, LLC (1288878)	Ohio	LLC
_____	_____	_____
_____	_____	_____
_____	_____	_____

III. MERGER AGREEMENT ON FILE

The name and mailing address of the person or entity from whom/which eligible persons may obtain a copy of the agreement of merger upon written request:

David A. Zagore, Esq.	127 Public Square, Suite 4900
(name)	(street) <i>NOTE: P.O. Box Addresses are NOT acceptable.</i>
Cleveland	Ohio 44114-1304
(city, village or township)	(state) (zip code)

IV. EFFECTIVE DATE OF MERGER

This merger is to be effective on: \_\_\_\_\_ (if a date is specified, the date must be a date on or after the date of filing; the effective date of the merger cannot be earlier than the date of filing, if no date is specified, the date of filing will be the effective date of the merger).

V. MERGER AUTHORIZED

The laws of the state or country under which each constituent entity exists, permits this merger. This merger was adopted, approved and authorized by each of the constituent entities in compliance with the laws of the state under which it is organized, and the persons signing this certificate on behalf of each of the constituent entities are duly authorized to do so.

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VI. STATUTORY AGENT

The name and address of the surviving entity's statutory agent upon whom any process, notice or demand may be served is:

Andrew Service Corporation 127 Public Square, Suite 4900
(name) (street) NOTE: P.O. Box Addresses are NOT acceptable.
Cleveland, Ohio 44114-1304
(city, village or township) (zip code)

(This item MUST be completed if the surviving entity is a foreign entity which is not licensed, registered or otherwise authorized to conduct business in the state of Ohio)

VII. ACCEPTANCE OF AGENT

The undersigned, named herein as the statutory agent for the above referenced surviving entity, hereby acknowledges and accepts the appointment of statutory agent for said entity.

Signature of Agent

(The acceptance of agent must be completed by the surviving entities if through this merger the statutory agent has changed, or the named agent differs in any way from the name currently on record with the Secretary of State.)

VIII. STATEMENT OF MERGER

Upon filing, or upon such later date as specified herein, the merging entity/entities listed herein shall merge into the listed surviving entity

IX. AMENDMENTS

The articles of incorporation, articles of organization, certificate of limited partnership or registration of partnership having limited liability (circle appropriate term) of the surviving domestic entity have been amended.

Attachments are provided No Changes

X. QUALIFICATION OR LICENSURE OF FOREIGN SURVIVING ENTITY

A. The listed surviving foreign corporation, bank, savings bank, savings and loan, limited liability company, limited partnership, or partnership having limited liability desires to transact business in Ohio as a foreign corporation, bank, savings bank, savings and loan, limited liability company, limited partnership, or partnership having limited liability, and hereby appoints the following as its statutory agent upon whom process, notice or demand against the entity may be served in the state of Ohio. The name and complete address of the statutory agent is:

(name) (street) NOTE: P.O. Box Addresses are NOT acceptable.
Ohio
(city, village or township) (zip code)

The subject surviving foreign corporation, bank, savings bank, savings and loan, limited liability company, limited partnership, or partnership having limited liability irrevocably consents to service of process on the statutory agent listed above as long as the authority of the agent continues, and to service of process upon the Secretary of State of Ohio if the agent cannot be found, if the corporation, bank, savings bank, savings and loan, limited liability company, limited partnership, or partnership having limited liability fails to designate another agent when required to do so, or if the foreign corporation's, bank's, savings bank's, savings and loan's, limited liability company's, limited partnership's or partnership having limited liability's license or registration to do business on Ohio expires or is canceled.

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B. The qualifying entity also states as follows: (Complete only if applicable)

1. Foreign 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.)

(a.) The name of the Foreign Nationally/Federally chartered bank, savings bank, or savings and loan association is

\_\_\_\_\_

(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:

\_\_\_\_\_  
(street address) NOTE: P.O. Box Addresses are NOT acceptable.  
\_\_\_\_\_  
(city, township, or village) (county) (state) (zip code)

(d.) The principal office location in the state of Ohio shall be:

\_\_\_\_\_  
(street address) NOTE: P.O. Box Addresses are NOT acceptable.  
\_\_\_\_\_  
(city, township, or village) (county) Ohio (state) (zip code)

(Please note, if there will not be an office in the state of Ohio, please list none.)

(e.) The corporation will exercise the following purpose(s) in the state of Ohio:  
(Please provide a brief summary of the business to be conducted; a general clause is not sufficient)

\_\_\_\_\_  
\_\_\_\_\_

2. Foreign Qualifying Limited Liability Company

(If the qualifying entity is a foreign limited liability company, the following information must be completed.)

(a.) The name of the limited liability company in its state of organization/registration is

\_\_\_\_\_

(b.) The name under which the limited liability company desires to transact business in Ohio is

\_\_\_\_\_

(c.) The limited liability company was organized or registered on \_\_\_\_\_  
under the laws of the state/country of \_\_\_\_\_



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(d.) The address to which interested persons may direct requests for copies of the articles of organization, operating agreement, bylaws, or other charter documents of the company is:

\_\_\_\_\_  
(street address) **NOTE: P.O. Box Addresses are NOT acceptable.**

\_\_\_\_\_  
(city, township, or village) (state) (zip code)

**3. Foreign Qualifying Limited Partnership**

(If the qualifying entity is a foreign limited partnership, the following information must be completed).

(a.) The name of the limited partnership is

\_\_\_\_\_

(b.) The limited partnership was formed on \_\_\_\_\_

(c.) The address of the office of the limited partnership in its state/country of organization is:

\_\_\_\_\_  
(street address) **NOTE: P.O. Box Addresses are NOT acceptable.**

\_\_\_\_\_  
(city, township, or village) (county) (state) (zip code)

(d.) The limited partnership's principal office address is:

\_\_\_\_\_  
(street address) **NOTE: P.O. Box Addresses are NOT acceptable.**

\_\_\_\_\_  
(city, township, or village) (county) (state) (zip code)

(e.) The names and business or residence addresses of the General partners of the partnership are as follows:

Name	Address
_____	_____
_____	_____
_____	_____

(If insufficient space to cover this item, please attach a separate sheet listing the general partners and their respective addresses)

(f.) The address of the office where a list of the names and business or residence addresses of the limited partners and their respective capital contributions is to be maintained is:

\_\_\_\_\_  
(street address) **NOTE: P.O. Box Addresses are NOT acceptable.**

\_\_\_\_\_  
(city, township, or village) (county) (state) (zip code)

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The limited partnership hereby certifies that it shall maintain said records until the registration of the limited 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 address) *NOTE: P.O. Box Addresses are NOT acceptable.*

\_\_\_\_\_, Ohio \_\_\_\_\_  
(city, village or township) (zip code)

*(If the partnership does not have a principal office in Ohio, then items b2 must be completed)*

(2.) The address of the partnership's principal office (Non-Ohio):

\_\_\_\_\_  
(street address) *NOTE: P.O. Box Addresses are NOT acceptable.*

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
(city, township, or village) (state) (zip code)

(c.) The name and address of a statutory agent for service of process in Ohio is as follows:

\_\_\_\_\_  
(name)

\_\_\_\_\_  
(street address) *NOTE: P.O. Box Addresses are NOT acceptable.*

\_\_\_\_\_, Ohio \_\_\_\_\_  
(city, village or township) (zip code)

(d.) 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:

\_\_\_\_\_  
\_\_\_\_\_

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DEC-19-02 16:00 FROM: S.S. & D. L.L.P. 48TH FLR ID: 2164788795

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The undersigned constituent entities have caused this certificate of merger to be signed by its duly authorized officers, partners and representatives on the date(s) stated below.

MZ Wholesale Acquisition, LLC

Aurora Wholesalers, LLC

(Exact name of entity)

(Exact name of entity)

By: \_\_\_\_\_

By: *[Signature]*

Its: \_\_\_\_\_

Its: Reuben Dessler  
Chief Executive Officer and Manager

Date: \_\_\_\_\_

Date: December 19, 2002

(Exact name of entity)

(Exact name of entity)

By: \_\_\_\_\_

By: \_\_\_\_\_

Its: \_\_\_\_\_

Its: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

(Exact name of entity)

(Exact name of entity)

By: \_\_\_\_\_

By: \_\_\_\_\_

Its: \_\_\_\_\_

Its: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

(Exact name of entity)

(Exact name of entity)

By: \_\_\_\_\_

By: \_\_\_\_\_

Its: \_\_\_\_\_

Its: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

(Exact name of entity)

(Exact name of entity)

By: \_\_\_\_\_

By: \_\_\_\_\_

Its: \_\_\_\_\_

Its: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

Doc ID --> 200300300676

DEC-19-2002 THU 06:59 PM FAX NO. 4403491543  
DEC-19-02 16:00 FROM: S.S. & D. L.L.P. 48TH FLR ID: 2164738796

P. 02  
PAGE 110

The undersigned constituent entities have caused this certificate of merger to be signed by its duly authorized officers, partners and representatives on the date(s) stated below.

<u>Mz Wholesale Acquisition, LLC</u> (Exact name of entity)	<u>Aurora Wholesalers, LLC</u> (Exact name of entity)
By: <u>Jeffrey D. Swanson</u>	By: <u>Reuven Dessler</u>
Its: <u>Sr. V.P.</u>	Its: <u>Chief Executive Officer and Manager</u>
Date: <u>12/17/02</u>	Date: <u>December 19, 2002</u>

_____ (Exact name of entity)	_____ (Exact name of entity)
By: _____	By: _____
Its: _____	Its: _____
Date: _____	Date: _____

_____ (Exact name of entity)	_____ (Exact name of entity)
By: _____	By: _____
Its: _____	Its: _____
Date: _____	Date: _____

_____ (Exact name of entity)	_____ (Exact name of entity)
By: _____	By: _____
Its: _____	Its: _____
Date: _____	Date: _____

_____ (Exact name of entity)	_____ (Exact name of entity)
By: _____	By: _____
Its: _____	Its: _____
Date: _____	Date: _____