

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

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):  
Watteredge-Uniflex, Inc.

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

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

2. Name and address of receiving party(ies)  
 Name: WATTEREDGE, INC.  
 Internal Address: 567 Miller Road  
 Street Address: \_\_\_\_\_  
 City: Avon Lake State: Ohio Zip: 44012

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

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

3. Nature of conveyance:

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

Execution Date: July 9, 2003

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

A. Trademark Application No.(s)  
76/512,955

Additional number(s) attached  Yes  No

B. Trademark Registration No.(s)  
1,811,460 (NRG) and 958,102 (UNIFLEX)

5. Name and address of party to whom correspondence concerning document should be mailed:  
 Name: John W. Renner  
 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: ..... 3

7. Total fee (37 CFR 3.41).....\$ 90.00

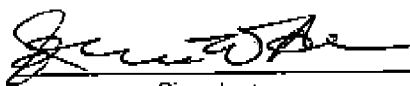
Enclosed  
 Authorized to be charged to deposit account

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.*

John W. Renner                                                            07/27/2003  
 Name of Person Signing                              Signature                              Date

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

CH \$90.00 180988 76512955

Doc ID --> 200319100696



DATE: 07/10/2003	DOCUMENT ID 200319100696	DESCRIPTION DOMESTIC/AMENDMENT TO ARTICLES (AMD)	FILING 50.00	EXPED .00	PENALTY .00	CERT .00	COPY .00
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**Receipt**

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

C.T. CORPORATION SYSTEM  
17 S. HIGH STREET  
COLUMBUS, OH 43215

# STATE OF OHIO

**Ohio Secretary of State, J. Kenneth Blackwell**

625039

It is hereby certified that the Secretary of State of Ohio has custody of the business records for  
**WATTEREDGE, INC.**

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

Document(s)  
**DOMESTIC/AMENDMENT TO ARTICLES**

Document No(s):  
**200319100696**



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 9th day of July, A.D.  
2003.

*J. Kenneth Blackwell*  
Ohio Secretary of State

Doc ID --> 200319100696

Jul-09-03 01:39P Patrick J. Amer

803-671-5530

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Prescribed by **J. Kenneth Blackwell**

Ohio Secretary of State  
Central Office (614) 466-3010  
Toll Free 1-877-NIS-FIL (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:	
<input type="radio"/> Yes	PO Box 1390 Columbus, OH 43216 <small>** Require an additional fee of \$100 **</small>
<input checked="" type="radio"/> No	PO Box 1028 Columbus, OH 43216

**Certificate of Amendment by Shareholders or Members (Domestic)**  
Filing Fee \$50.00

**(CHECK ONLY ONE (1) BOX)**

<input type="checkbox"/> (1) Domestic for Profit Amended (122-AMAP)	<b>PLEASE READ INSTRUCTIONS</b> <input checked="" type="checkbox"/> Amendment (125-AMDS)	<input type="checkbox"/> (2) Domestic Non-Profit Amended (126-AMAN)	<input type="checkbox"/> Amendment (128-AMD)
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Complete the general information in this section for the box checked above.

Name of Corporation: WATEREDGE-UNIFLEX, INC.

Charter Number: 625039

Name of Officer: Joseph P. Langhenry

Title: President

Please check if optional provisions attached.

The above named Ohio corporation, does hereby certify that:

A meeting of the  shareholders  directors (non-profit amended articles only) members was duly called and held on \_\_\_\_\_ (Date) at which meeting a quorum was present in person or by proxy, based upon the quorum present, an affirmative vote was cast which entitled them to exercise \_\_\_\_\_ % as the voting power of the corporation.

In a writing signed by all of the  shareholders  directors (non-profit amended articles only) members who would be entitled to the notice of a meeting or such other proportion not less than a majority as the articles of regulations or bylaws permit.

RECEIVED  
SENSITIVE  
DATE  
2003 JUL -9 PM 1:13

Clause applies if amended box is checked.

Resolved, that the following amended articles of incorporations be and the same are hereby adopted to supercede and take the place of the existing articles of incorporation and all amendments thereto.

Doc ID --> 200319100696

Jul-09-03 01:39P Patrick J. Amer

903-671-5530

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All of the following information must be completed if an amended box is checked.  
 If an amendment box is checked, complete the areas that apply.

FIRST: The name of the corporation is: WATEREDGE, INC.

SECOND: The place in the State of Ohio where its principal office is located is in the City of:  
 \_\_\_\_\_ (city, village or township) \_\_\_\_\_ (county)

THIRD: The purposes of the corporation are as follows:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

FOURTH: The number of shares which the corporation is authorized to have outstanding is: \_\_\_\_\_  
 (Does not apply to box (2))

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

*Joseph P. Langhenry, President*  
 Authorized Representative  
 Joseph P. Langhenry, President  
 (Print Name)

6/11/03  
 Date

\_\_\_\_\_  
 Authorized Representative  
 (Print Name)

\_\_\_\_\_  
 Date