

TRADEMARK ASSIGNMENT

Electronic Version v1.1
 Stylesheet Version v1.1

SUBMISSION TYPE:	NEW ASSIGNMENT
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NATURE OF CONVEYANCE:	CHANGE OF NAME
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CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
IMI Cornelius Inc.	The Cornelius Company	05/21/1990	CORPORATION: MINNESOTA

RECEIVING PARTY DATA	
Name:	IMI Cornelius Inc.
Street Address:	One Cornelius Place
City:	Anoka
State/Country:	MINNESOTA
Postal Code:	55303
Entity Type:	CORPORATION: MINNESOTA

PROPERTY NUMBERS Total: 3		
Property Type	Number	Word Mark
Registration Number:	750124	CORNELIUS
Registration Number:	750015	CORNELIUS
Registration Number:	761524	CORNELIUS

CORRESPONDENCE DATA	
Fax Number:	(763)427-4522
<i>Correspondence will be sent via US Mail when the fax attempt is unsuccessful.</i>	
Phone:	763-422-3253
Email:	steh@cornelius.com
Correspondent Name:	IMI Cornelius Inc.
Address Line 1:	One Cornelius Place
Address Line 4:	Anoka, MINNESOTA 55303

NAME OF SUBMITTER:	Sten Erik Hakanson
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Total Attachments: 1
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CH \$90.00 750124



B-281

AMENDMENT OF ARTICLES OF INCORPORATION

READ INSTRUCTIONS AT BOTTOM OF PAGE BEFORE COMPLETING THIS FORM

CORPORATE NAME

THE CORNELIUS COMPANY

This amendment is effective on the day it is filed with the Secretary of State, unless you indicate another date, no later than 30 days after filing with the Secretary of State, in this box:

[Empty box for effective date]

The following amendments of articles or modifications to the statutory requirements regulating the above corporation were adopted: (Insert full text of newly amended or modified article(s), indicating which article(s) is(are) being amended or added. If the full text of the amendment will not fit in the space provided, please do not use this form. Instead, retype the amendment on a separate sheet or sheets using this format.)

ARTICLE 1 Name. The name of this corporation is IMI CORNELIUS INC. *K*

443600

This amendment has been approved pursuant to chapter 302A, Minnesota Statutes. I certify that I am authorized to execute this amendment and I further certify that I understand that by signing this amendment, I am subject to the penalties of perjury as set forth in section 609.48 as if I had signed this amendment under oath.

Phillip A. Erickson
(Signature of Authorized Person) Phillip A. Erickson
Company Secretary

INSTRUCTIONS:

1. Type or print with dark black ink.
2. Filing fee: \$35.00.
3. Make check payable to Secretary of State.
4. Mail or bring completed forms to:

Secretary of State
Business Services Division
180 State Office Building
Saint Paul, MN 55155
(612) 296-2803

SC-00175-03 (9/88)

FOR USE BY THE SECRETARY OF STATE

STATE OF MINNESOTA
DEPARTMENT OF STATE
FILED

MAY 21 1990 *K*

Joan Anderson Howe
Secretary of State