

TRADEMARK ASSIGNMENT

Electronic Version v1.1
 Stylesheet Version v1.1

SUBMISSION TYPE:	CORRECTIVE ASSIGNMENT
NATURE OF CONVEYANCE:	Corrective Assignment to correct the State of Incorporation previously recorded on Reel 002967 Frame 768. Assignor(s) hereby confirms the Merger.

CONVEYING PARTY DATA

Name	Formerly	Execution Date	Entity Type
RedSiren Technologies, Inc.	FORMERLY ARC Technologies Group, Inc.	11/01/2002	CORPORATION: DELAWARE

RECEIVING PARTY DATA

Name:	RedSiren, Inc.
Street Address:	650 Smithfield Street
Internal Address:	Suite 910
City:	Pittsburgh
State/Country:	PENNSYLVANIA
Postal Code:	15222
Entity Type:	CORPORATION: DELAWARE

PROPERTY NUMBERS Total: 2

Property Type	Number	Word Mark
Registration Number:	2561377	REDSIREN
Registration Number:	2776140	REDSIREN

CORRESPONDENCE DATA

Fax Number: (412)571-9553
Correspondence will be sent via US Mail when the fax attempt is unsuccessful.
 Phone: 4125719552
 Email: tperles@ajciplaw.com
 Correspondent Name: Andrew J. Cornelius
 Address Line 1: 305 Mt. Lebanon Boulevard
 Address Line 2: Suite 205
 Address Line 4: Pittsburgh, PENNSYLVANIA 15234

NAME OF SUBMITTER:	Andrew J. Cornelius
Signature:	/Andrew Cornelius/

TRADEMARK

Date:

01/21/2005

Total Attachments: 3

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PENNSYLVANIA DEPARTMENT OF STATE
CORPORATION BUREAU

Articles/Certificates of Merger
(15 Pa.C.S.)

Entity Number
3104183

- Domestic Business Corporation (§ 1926)
- Domestic Nonprofit Corporation (§ 5926)
- Limited Partnership (§ 8547)

Name _____

Address CT CORP-COUNTER

City _____ State _____ Zip Code _____

Document will be returned to the name and address you enter to the left.

Fec: \$108 plus \$28 additional for each Party in addition to two

Filed in the Department of State on

NOV 04 2002

C. Michael Stewart

Secretary of the Commonwealth

In compliance with the requirements of the applicable provisions (relating to articles of merger or consolidation), the undersigned, desiring to effect a merger, hereby state that:

1. The name of the corporation/limited partnership surviving the merger is:
RedSiren, Inc.

2. Check and complete one of the following:

The surviving corporation/limited partnership is a domestic business/nonprofit corporation/limited partnership and the (a) address of its current registered office in this Commonwealth or (b) name of its commercial registered office provider and the county of venue is (the Department is hereby authorized to correct the following information to conform to the records of the Department):

(a) Number and Street City State Zip County

(b) Name of Commercial Registered Office Provider County

c/o

The surviving corporation/limited partnership is a foreign business/nonprofit corporation/limited partnership incorporated/formed under the laws of Delaware and the (a) address of its current registered office in this Commonwealth or (b) name of its commercial registered office provider and the county of venue is (the Department is hereby authorized to correct the following information to conform to the records of the Department):

(a) Number and Street City State Zip County
100 First Avenue, Suite 900 Pittsburgh PA 15222 Allegheny

(b) Name of Commercial Registered Office Provider County

c/o

The surviving corporation/limited partnership is a nonqualified foreign business/nonprofit corporation/limited partnership incorporated/formed under the laws of _____ and the address of its principal office under the laws of such domiciliary jurisdiction is:

Number and Street City State Zip County

3. The name and the address of the registered office in this Commonwealth or name of its commercial registered office provider and the county of venue of each other domestic business/nonprofit corporation/limited partnership and qualified foreign business/nonprofit corporation/limited partnership which is a party to the plan of merger are as follows:

Name	Registered Office Address	Commercial Registered Office Provider	County
RedSiren Technologies, Inc.	100 First Avenue, Suite 900 Pittsburgh, PA	15222	Allegheny

4. Check, and if appropriate complete, one of the following:

The plan of merger shall be effective upon filing these Articles/Certificate of Merger in the Department of State.

The plan of merger shall be effective on: _____ at _____
Date Hour

5. The manner in which the plan of merger was adopted by each domestic corporation/limited partnership is as follows:

Name	Manner of Adoption
RedSiren Technologies, Inc.	Shareholder Meeting

6. Strike out this paragraph if no foreign corporation/limited partnership is a party to the merger. The plan was authorized, adopted or approved, as the case may be, by the foreign business/nonprofit corporation/limited partnership (or each of the foreign business/nonprofit corporations/limited partnerships) party to the plan in accordance with the laws of the jurisdiction in which it is incorporated/organized.

7. Check, and if appropriate complete, one of the following:

The plan of merger is set forth in full in Exhibit A attached hereto and made a part hereof.

Pursuant to 15 Pa.C.S. § 1901/§ 8547(b) (relating to omission of certain provisions from filed plans) the provisions, if any, of the plan of merger that amend or constitute the operative provisions of the Articles of Incorporation/Certificate of Limited Partnership of the surviving corporation/limited partnership as in effect subsequent to the effective date of the plan are set forth in full in Exhibit A attached hereto and made a party hereof.

The full text of the plan of merger is on file at the principal place of business of the surviving corporation/limited partnership, the address of which is:

100 First Avenue, Suite 900	Pittsburgh	PA	15222	Allegheny
Number and Street	City	State	Zip	County

DSCB:15-1926/5926/8547-3

IN TESTIMONY WHEREOF, the undersigned corporation/ limited partnership has caused these Articles of Merger to be signed by a duly authorized officer thereof this

15TH day of NOVEMBER, 2012

RedSiren Technologies, Inc.

Name of Corporation/Limited Partnership

[Signature]
Signature

Senior Vice President
Title

RedSiren, Inc.

Name of Corporation/Limited Partnership

[Signature]
Signature

Senior Vice President
Title