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FORM PTO-1594 (Modified) (Rev. 10/02) OMB No. 0851-0027 (exp. 6/30/2005) Copyright 1994-97 LegalStar TM05/REV03 TANDEMARKS / SERVICE MARKS ONLY		Docket No.:
		004-T-34
To the Director of the United States States		▼ ▼
To the Director of the United States Patent and Trademark Office: 1. Name of conveying party(ies):	Please record the attached original docum	ents or copy thereof.
Salerno-Megowen Biscuit Company	2. Name and address of receiving p	party(ies):
	Internal Address:	
☐ Individual(s) ☐ Association ☐ General Partnership ☐ Limited Partnership	Street Address: 891 Newark Av	enue
☑ Corporation-State Illinois ☐ Other	City: Elizabeth s	State: <u>NJ</u> ZIP: <u>07207</u>
Additional names(s) of conveying party(les)	☐ Individual(s) citizenship☐ Association☐	
3. Nature of conveyance:	General Partnership	
☐ Assignment ☒ Merger	Limited Partnership	
☐ Security Agreement ☐ Change of Name	⊠ Corporation-State <u>Delaware</u> ☐ Other	
Cert. copy of merger filed in Execution Date: the office of the Secr. of State of Delaware on December 27, 1984 4. Application number(s) or registration numbers(s):	If assignee is not domiciled in the United S designation is (Designations must be a separate docume Additional name(s) & address(es)	□ Yes □ N
A. Trademark / Service Mark Application No.(s)	B. Trademark / Service Mark Regis 0439154	stration No.(s)
Additional numbers 5. Nome and address (continue)	☐ Yeş ☒ No	
Name and address of party to whom correspondence concerning document should be mailed:	Total number of applications and registrations involved:	1
Name: <u>Howard C. Miskin</u> Internal Address: <u>Stoll, Miskin & Badie</u>	7. Total fee (37 CFR 3.41):	.\$ \$40.00
	☐ Enclosed ☑ Authorized to be charged to de	
Street Address: 350 Fifth Avenue, Suite 4710	8. Deposit account number:	posit account
City: New York State: NY ZIP: 10118	13-3731	
DO NOT U	SE THIS SPACE	
Statement and signature. To the best of my knowledge and belief, the foregoing informat of the original document. Howard C. Miskin Name of Person Signing	0 c M D	ry 27, 2005
Total number of pages including co	over sheet, attachments, and	Date

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CERTIFICATE OF MERGER

OF

SALERNO-MEGOWEN BISCUIT COMPANY

DEC 27 1984 10 AT

EICED

INTO

BURRY-LU, INC.

BURRY-LU, INC., a Delaware corporation (the Corporation"), pursuant to Section 252 of the General Corporation Law of the State of Delaware, DOES HEREBY CERTIFY:

FIRST: That the name and state of incorporation of each of the constituent corporations of the merger is as follows:

NAME

STATE OF INCORPORATION

BURRY-LU, INC. . Salerno-Megrwen Biscuit Company Delaware

Illinois

SECOND: That an agreement and plan of merger has been approved, adopted, certified, executed and acknowledged by each of the constituent corporations in accordance with the requirements of Section 252(c) of the General Corporation Law of the State of Delaware.

THIRD: That the name of the surviving corporation of the merger is BURRY-LU, INC., a Delaware corporation

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FOURTH: That the Certificate of Incorporation of BURRY-LU, INC., a Delaware corporation, shall be the Certificate of Incorporation of the surviving corporation

rifth: That the executed agreement and plan of merger is on file at the principal place of business of the Corporation. The address of said principal place of business is 891 Newark Avenue, Elizabeth, New Jersey 07207.

SIXTH: That a copy of the agreement and plan of merger will be furnished by the Corporation on request and without cost to any stockholder of either constituent corporation.

SEVENTH: That the authorized capital stock of each foreign corporation which is a party to the merger is as follows:

NUMBER
NAME CLASS OF SHARES PAR VALUE

Salerno-Megowen Common Stock 50,000 No par value

Bisquit Company

EIGHTH: That this Certificate of Merger shall be effective on December 31, 1984.

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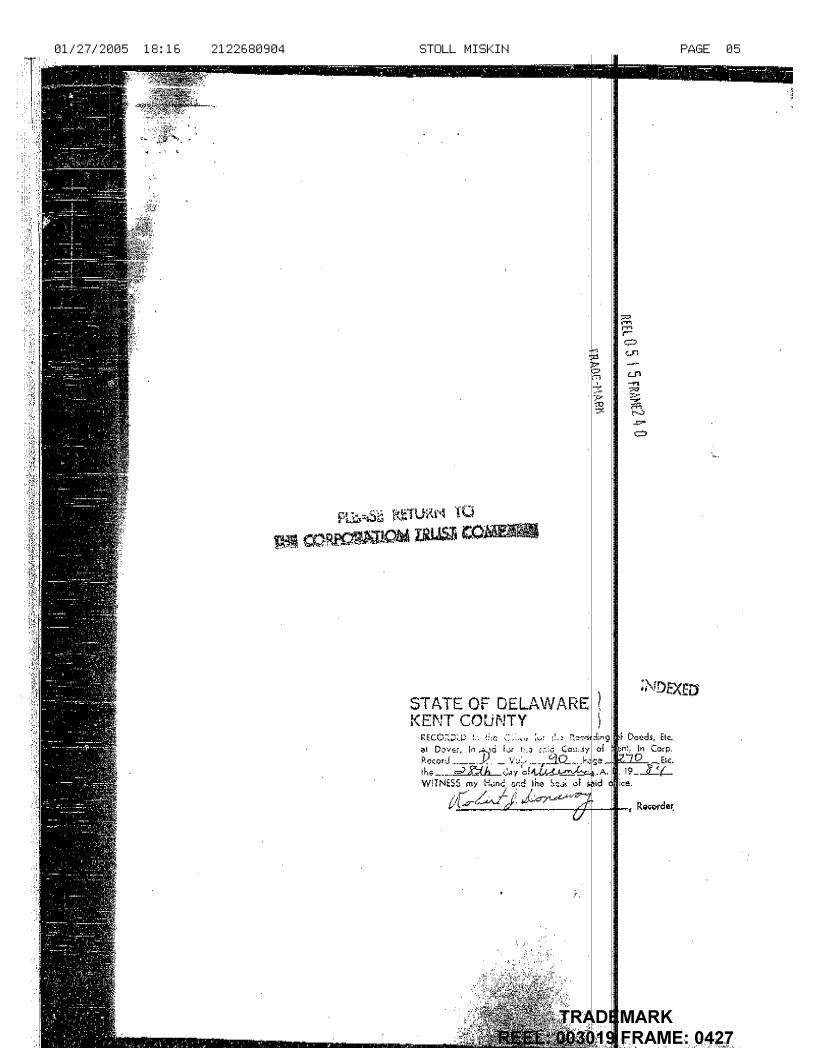
BOOK D 90 PAGE 273

IN WITNESS WHEREOF, the Corporation has caused this certificate to be signed by its President and attested by its Secretary as of this $2\sqrt{s}f$ day of December. 1984.

BURRY-LU, INC.

Attest:

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State of **DELAWARE**

Office of SECRETARY OF STATE

I, Michael Harkins, Secretary of State of the State of Delaware, do hereby certify that the attached is a true and correct copy of Certificate of _Marger

filed in this office on ___December 27, 1984





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