

09-24-2004

9-2304

Form PTO-1594

(Rev. 03/01)

OMB No. 0651-0027 (exp. 5/31/2002)

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

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

1. Name of conveying party(ies):

JRB COMPANY, INC.

- ☐ Individual(s) ☐ Association
☐ General Partnership ☐ Limited Partnership
☒ Corporation-State DE
☐ Other _____

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

3. Nature of conveyance:

- ☐ Assignment ☐ Merger
☐ Security Agreement ☐ Change of Name
☒ Other Merger/Name Change

Execution Date: 08/23/2004

2. Name and address of receiving party(ies)

Name: JRB ATTACHMENTS, LLC

Internal

Address: c/o Attachment Technologies, Inc.Street Address: 5825 Council Street NECity: Cedar Rapids State: IA Zip: 52402

- ☐ Individual(s) citizenship _____
☐ Association _____
☐ General Partnership _____
☐ Limited Partnership _____
☒ Corporation-State DE
☐ 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

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

A. Trademark Application No.(s) n/aB. Trademark Registration No.(s) 1,493,878;1,794,689; 2,821,537; 2,763,589Additional number(s) attached ☐ Yes ☒ No

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

Name: _____

Internal Address: _____

Attn: Penelope J.A. Agodoa
 Federal Research Company, LLC
 1030 15th Street, NW, Suite 920
 Washington, DC 20005
 Street. 202.783.2700

City: _____ State: _____ Zip: _____

6. Total number of applications and registrations involved: _____

4

7. Total fee (37 CFR 3.41).....\$ 115.00

- ☒ Enclosed
☐ Authorized to be charged to deposit account

8. Deposit account number: _____

DO NOT USE THIS SPACE

9. Signature.

Penelope S. Johnson

Name of Person Signing

09/18/2004

Date

Total number of pages including cover sheet, attachments, and document: 8

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

09/24/2004 ECDOPER 00000007 1493878

09/24/2004

75.00 00 00

TRADEMARK
 REEL: 003050 FRAME: 0791

Delaware

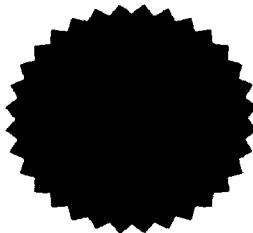
PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF MERGER, WHICH MERGES:

"JRB COMPANY, INC.", A OHIO CORPORATION,

WITH AND INTO "JRB ATTACHMENTS, LLC" UNDER THE NAME OF "JRB ATTACHMENTS, LLC", A LIMITED LIABILITY COMPANY ORGANIZED AND EXISTING UNDER THE LAWS OF THE STATE OF DELAWARE, AS RECEIVED AND FILED IN THIS OFFICE THE TWENTY-THIRD DAY OF AUGUST, A.D. 2004, AT 11:03 O'CLOCK A.M.



Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

3827290 8100M

AUTHENTICATION: 3309357

040613383

DATE: 08-23-04

TRADEMARK
REEL: 003050 FRAME: 0792

IN WITNESS WHEREOF, JRB Attachments, LLC has caused this Certificate of Merger to be executed by the undersigned authorized person this 23rd day of August, 2004.

JRB ATTACHMENTS, LLC

By: 

Name: John Gelp

Its: Chief Financial Officer

[Signature Page to Certificate of Merger(DE)]

200423602378

DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
08/23/2004	200423602378	MERGER/DOMESTIC (MER)	125.00	100.00	.00	.00	5.00

Receipt

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

BAKER & HOSTETLER
65 E. STATE ST., SUITE2100
COLUMBUS, OH 43215

**STATE OF OHIO
CERTIFICATE**

Ohio Secretary of State, J. Kenneth Blackwell

1481217

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

JRB ATTACHMENTS, LLC

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

Document(s):

MERGER/DOMESTIC

Document No(s):

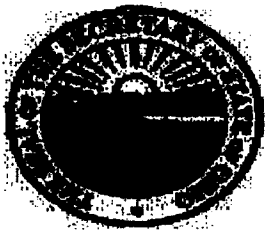
200423602378



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 23rd day of August, A.D. 2004.

J. Kenneth Blackwell
Ohio Secretary of State



Prescribed by **J. Kenneth Blackwell**

Ohio Secretary of State
Central Ohio: (614) 466-3910

Toll Free: 1-877-SOS-FILE (1-877-767-3453)

Expedite this Form: (Select One)	
<div style="background-color: black; height: 15px; width: 100%;"></div>	
<input checked="" 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:

JRB Attachments, 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)

- | | |
|--|-------|
| <input type="checkbox"/> Domestic (Ohio) For-Profit Corporation, charter number | _____ |
| <input type="checkbox"/> Domestic (Ohio) Non-Profit Corporation, charter number | _____ |
| <input type="checkbox"/> 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 _____ | _____ |
| <input type="checkbox"/> Foreign (Non-Ohio) Corporation incorporated under the laws of the state/country of _____
and NOT licensed to transact business in the state of Ohio | _____ |
| <input type="checkbox"/> Domestic (Ohio) Limited Liability Company, with registration number _____ | _____ |
| <input checked="" type="checkbox"/> Foreign (Non-Ohio) Limited Liability Company organized under the laws of the state/country of <u>Delaware</u>
and registered to do business in the State of Ohio under registration number <u>1481217</u> | _____ |
| <input type="checkbox"/> 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. | _____ |
| <input type="checkbox"/> Domestic (Ohio) Limited Partnership, with registration number _____ | _____ |
| <input type="checkbox"/> 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 _____ | _____ |

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:

CSC-Lawyers Incorporating Service
(name)

50 West Broad Street

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

Columbus

(city, village or township)

, Ohio 43215

(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

[Signature]
Karen M. Byer, Asst. Sec.

(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.

(city, village or township)

, Ohio

(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 in Ohio expires or is canceled.

(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)

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.

JRB Company, Inc.

(Exact name of entity)

By: Ellen Gordon

Ellen Gordon

Its: Executive Vice President

Date: August 19, 2004

JRB Attachments, LLC

(Exact name of entity)

By: FW Van Sled

Its: President

Date: August 23, 2004

(Exact name of entity)

By: _____

Its: _____

Date: _____

(Exact name of entity)

By: _____

Its: _____

Date: _____

(Exact name of entity)

By: _____

Its: _____

Date: _____

(Exact name of entity)

By: _____

Its: _____

Date: _____

(Exact name of entity)

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Date: _____

(Exact name of entity)

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(Exact name of entity)

By: _____

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Date: _____

(Exact name of entity)

By: _____

Its: _____

Date: _____