

FORM PTO-1594 (Modified) (Rev. 10/02)
 OMB No. 0651-0027 (exp. 6/30/2005)
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RECORDATION FORM COVER SHEET

TRADEMARKS / SERVICE MARKS ONLY

Docket No.:
T30,524 USA

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To the Director of the United States Patent and Trademark Office: Please record the attached original documents or copy thereof.

<p>1. Name of conveying party(ies): <u>Perfect Fit Glove Co., Inc.</u></p> <p><input type="checkbox"/> Individual(s) <input type="checkbox"/> Association <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership <input checked="" type="checkbox"/> Corporation-State <u>Delaware</u> <input type="checkbox"/> Other _____</p> <p>Additional names(s) of conveying party(ies) <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>2. Name and address of receiving party(ies):</p> <p>Name: <u>Perfect Fit Glove Co., LLC</u></p> <p>Internal Address: _____</p> <p>Street Address: <u>85 Innsbruck Drive</u></p> <p>City: <u>Cheektowaga</u> State: <u>NJ</u> ZIP: <u>14227</u></p> <p><input type="checkbox"/> Individual(s) citizenship _____ <input type="checkbox"/> Association _____ <input type="checkbox"/> General Partnership _____ <input type="checkbox"/> Limited Partnership _____ <input type="checkbox"/> Corporation-State _____ <input checked="" type="checkbox"/> Other <u>Limited Liability Company</u></p> <p>If assignee is not domiciled in the United States, a domestic designation is <input type="checkbox"/> Yes <input type="checkbox"/> N (Designations must be a separate document from Additional name(s) & address(es) <input type="checkbox"/> Yes <input type="checkbox"/> N</p>
<p>3. Nature of conveyance:</p> <p><input type="checkbox"/> Assignment <input type="checkbox"/> Merger <input type="checkbox"/> Security Agreement <input type="checkbox"/> Change of Name <input checked="" type="checkbox"/> Other <u>Certificate of Merger</u></p> <p>Execution Date: _____</p>	

<p>4. Application number(s) or registration numbers(s):</p> <p>A. Trademark / Service Mark Application No.(s)</p>	<p>B. Trademark / Service Mark Registration No.(s)</p> <p><u>2,408,005</u> <u>2,410,093</u></p> <p style="text-align: right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
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<p>5. Name and address of party to whom correspondence concerning document should be mailed:</p> <p>Name: <u>Bryna Silver</u></p> <p>Internal Address: <u>2600 Aramark Tower</u></p> <p>Street Address: <u>1101 Market Street</u></p> <p>City: <u>Philadelphia</u> State: <u>PA</u> ZIP: <u>19107</u></p>	<p>6. Total number of applications and registrations involved: 2</p> <p>7. Total fee (37 CFR 3.41): \$ <u>65.00</u></p> <p><input checked="" type="checkbox"/> Enclosed <input type="checkbox"/> Authorized to be charged to deposit account</p> <p>8. Deposit account number:</p>
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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.

Bryna S. Silver Bryna Silver May 9, 2005
 Name of Person Signing Signature Date

Total number of pages including cover sheet, attachments, and

05-03-05 10:00 From-PHILLIPS LYTLE BUFFALO

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T-045 P.004/007 F-589

01-17-2002

1 SHEET ONLY

U.S. DEPARTMENT OF COMMERCE Patent and Trademark Office

FORM PTO-1004 1-31-02



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

1. Name of conveying party(ies):

Perfect Fit Glove Co., Inc.

1-1100

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

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

3. Nature of conveyance:

- Assignment
- Security Agreement
- Other Certificate of Merger
- Merger
- Change of Name

Execution Date: December 20, 1999

2. Name and address of receiving party(ies):

Name: Perfect Fit Glove Co., LLC

Internal Address:

Street Address: 85 Innsbruck Drive

City: Cheektowaga State: NY ZIP: 14227

- Individual(s) citizenship
- Association
- General Partnership
- Limited Partnership Liability
- Corporation-State
- 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):

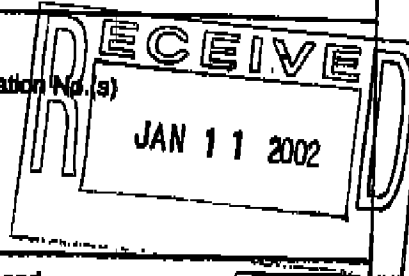
A. Trademark Application No.(s)

B. Trademark registration No.(s)

2,408,005

2,410,093

Additional numbers attached? Yes No



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

Name: Phillips, Lytle, Hitchcock, Blaine & Huber LLP

Internal Address: Intellectual Property Group

Street Address: 3400 HSBC Center

City: Buffalo State: NY ZIP: 14203

6. Total number of applications and registrations involved:

2

7. Total fee (37 CFR 3.41): \$ 65.00

Enclosed

Authorized to be charged to deposit account

8. Deposit account number:

(Attach duplicate copy of this page if paying by deposit account)

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01 FC:483 40.00 DP
02 FC:108 25.00 DP

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.

Roxland Richards, Reg. No. 42,104
Name of Person Signing

Roxland Richards
Signature

October 31, 2001
Date

Total number of pages: 1 TRADEMARK

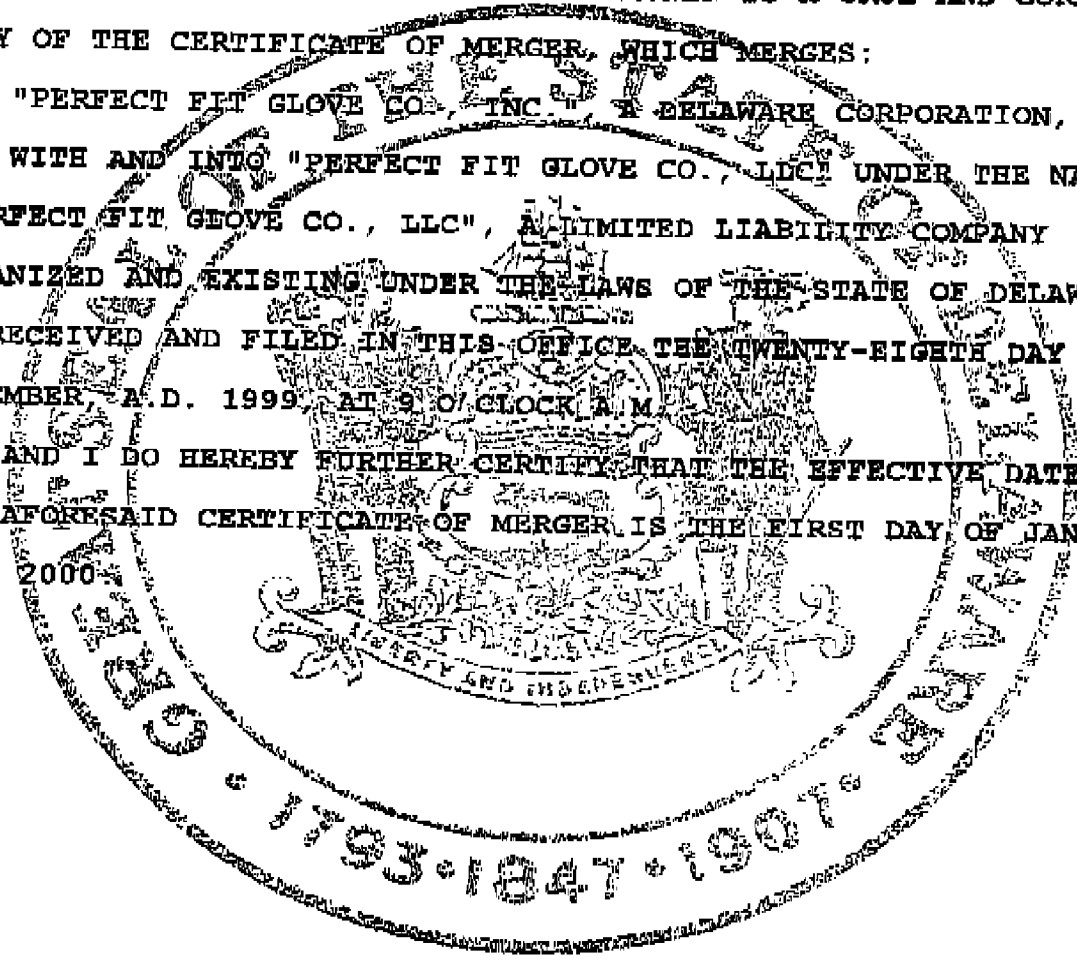
State of Delaware

Office of the Secretary of State PAGE 1

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:

"PERFECT FIT GLOVE CO., INC." A DELAWARE CORPORATION, WITH AND INTO "PERFECT FIT GLOVE CO., LLC" UNDER THE NAME OF "PERFECT FIT GLOVE CO., 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-EIGHTH DAY OF DECEMBER, A.D. 1999, AT 9 O'CLOCK A.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE EFFECTIVE DATE OF THE AFORESAID CERTIFICATE OF MERGER IS THE FIRST DAY OF JANUARY, A.D. 2000.



Harriet Smith Windsor
Harriet Smith Windsor, Secretary of State

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AUTHENTICATION: 1411177

DATE: 10-25-01

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05-03-05 10:00 From-PHILLIPS LYTLE BUFFALO

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T-045 P.006/007 F-589

CERTIFICATE OF MERGER**OF****PERFECT FIT GLOVE CO., INC.**
(a Delaware corporation)**AND****PERFECT FIT GLOVE CO., LLC**
(a Delaware limited liability company)

It is hereby certified that:

1. The constituent business entities participating in the merger herein certified are:
 - (i) Perfect Fit Glove Co., Inc., a corporation organized and existing under the laws of the State of Delaware; and
 - (ii) Perfect Fit Glove Co., LLC, a limited liability company organized and existing under the laws of the State of Delaware.
2. The Agreement of Merger has been approved, adopted, certified, executed and acknowledged by each of the aforesaid constituent business entities in accordance with Sections 264(c) and 251 of the General Corporation Law of the State of Delaware and Section 18-209 of the Delaware Limited Liability Company Act.
3. The name of the surviving company in the merger herein certified is Perfect Fit Glove Co., LLC, which will continue its existence as said surviving company under its present name upon the effective date of said merger pursuant to the provisions of the Delaware Limited Liability Company Act and the General Corporation Law of the State of Delaware.
4. The merger is to become effective at 12:01 a.m. on January 1, 2000.
5. The executed Agreement of Merger between the aforesaid constituent business entities is on file at the principal place of business of the aforesaid surviving company, the address of which is as follows: c/o Bacou USA, Inc., 10 Thurber Boulevard, Smithfield, Rhode Island 02917.

STATE OF DELAWARE
SECRETARY OF STATE
DIVISION OF CORPORATIONS
FILED 09:00 AM 12/28/1999
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6. A copy of the aforesaid Agreement of Merger will be furnished by the aforesaid surviving company, on request, and without cost, to any member of the surviving company or to any shareholder of the aforesaid corporation merging into the surviving company.

7. The Certificate of Formation of the surviving company, as now in force and effect, shall continue to be the Certificate of Formation of said surviving company upon the effective date of the merger until further amended and changed pursuant to the provisions of the Delaware Limited Liability Company Act.

Dated: December 20, 1999.

PERFECT FIT GLOVE CO., INC.
(a Delaware corporation)

By: [Signature]
Joseph Hoerner, President

PERFECT FIT GLOVE CO., LLC
(a Delaware limited liability company)

By: [Signature]
Philip B. Barr, Manager