

3/28/05
TRADEMA

03-31-2005



ONLY

Docket No.:

1260-0022

Tab settings

To the Director of the United States Patent and

102970805

... original documents or copy thereof.

1. Name of conveying party(ies):

Photobition Bonded Services, Inc.

2015 MAR 23 AM 11:55

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

Name: **Bonded Services of America Inc.**

FINANCE SECTION

Internal Address: **520 Main Street**

Street Address: **Suite 204**

City: **Fort Lee** State: **NJ** ZIP: **07024**

- Individual(s)
- General Partnership
- Corporation-State **Delaware**
- Other

Additional names(s) of conveying party(ies) Yes No

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

3. Nature of conveyance:

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

Execution Date: **September 21, 2004**

If assignee is not domiciled in the United States, a domestic designation is Yes No
(Designations must be a separate document from this form)
Additional name(s) & address(es) Yes No

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

A. Trademark / Service Mark Application No.(s)

B. Trademark / Service Mark Registration No.(s)

1,937,318

916,477

Additional numbers Yes No

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

Name: **Edward M. Keating**

Internal Address: **Cook, Alex, McFarron, Manzo,**

Cummings & Mehler, Inc.

Street Address: **200 W. Adams Street**

Suite 2850

City: **Chicago** State: **IL** ZIP: **60606**

6. Total number of applications and registrations involved:..... **2**

7. Total fee (37 CFR 3.41):.....\$ **\$80.00**

- Enclosed
- Authorized to be charged to deposit account

8. Deposit account number:

50-1039

\$15.00

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 and correct copy of the original document.

Edward M. Keating

Name of Person Signing

Edward M. Keating

Signature

March 24, 2005

Date

03/29/2005 DBYRNE 00000137 1937318

Total number of pages including cover sheet, attachments, and

5

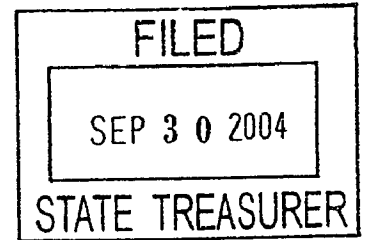
01 FC:8521
02 FC:8522

Mail documents to be recorded with required cover sheet information to:
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New Jersey Division of Revenue
Certificate of Merger/Consolidation
(Profit Corporations)

This form may be used to record the merger or consolidation of a corporation with or into another business entity or entities, pursuant to N.J.S.A. 14A. Applicants must insure strict compliance with the requirements of State law and insure that all filing requirements are met. This form is intended to simplify filing with the State Treasurer. Applicants are advised to seek out private legal advice before submitting filings to the Department of the Treasury, Division of Revenue's office.

1. Type of Filing (check one): Merger Consolidation

2. Name of Surviving Business Entity: BONDED SERVICES OF AMERICA INC.

3. Name(s)/Jurisdiction(s) of All Participating Business Entities:

	Identification # Assigned by
PHOTOBITION ^{Name} BONDED SERVICES INC.	Treasurer (if applicable)
BONDED SERVICES OF AMERICA INC.	0100 32115 5
DELAWARE ^{Jurisdiction}	
DELAWARE	

4. Date Merger/Consolidation adopted: AUGUST 23, 2004

5. Voting: (all corporations involved; attach additional sheets if necessary)

-a Corp. Name PHOTOBITION BONDED SERVICES INC. Outstanding Shares
 If applicable, set forth the number and designation of any class or series of shares entitled to vote.

Voting For _____ Voting Against _____ ; OR

Merger/consolidation plan was adopted by the unanimous written consent of the shareholders without a meeting (check)

-b Corp. Name BONDED SERVICES OF AMERICA INC. Outstanding Shares
 If applicable, set forth the number and designation of any class or series of shares entitled to vote.

Voting For _____ Voting Against _____ ; OR

Merger/consolidation plan was adopted by the unanimous written consent of the shareholders without a meeting (check)

-c Corp. Name _____ Outstanding Shares
 If applicable, set forth the number and designation of any class or series of shares entitled to vote.

Voting For _____ Voting Against _____ ; OR

Merger/consolidation plan was adopted by the unanimous written consent of the shareholders without a meeting (check)

6. Service of Process Address (For use if the surviving business entity is not authorized or registered by the State Treasurer:

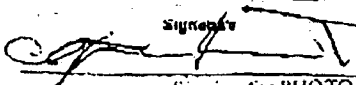
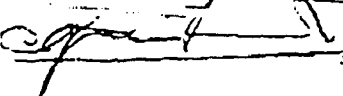
520 MAIN STREET, SUITE 204, FORT LEE, NJ 07024-attn:CHRISTOPHER W. PREUSTER

The surviving business entity agrees that it may be served with process in this State in any action, suit or proceeding for the enforcement of any obligation of any domestic or foreign corporation, previously amenable to suit in this State, which is a party to this merger/consolidation, and in any proceeding for the enforcement of the rights of a dissenting shareholder of such domestic corporation against the surviving corporation.

The Treasurer is hereby appointed as agent to accept service of process in any such action, suit, or proceeding which shall be forwarded to the surviving business entity at the Service of Process address stated above.

The Surviving Business Entity also agrees that it will promptly pay to the dissenting shareholders of any such domestic corporation the amount, if any, to which they may be entitled under the provisions of Title 14A.

7. Effective Date (see inst.): FILING DATE

Signature	Name	title	date
	Christopher W. Preuster, Signing for PHOTOBITION BONDED SERVICES, INC.	Pres.	9/21/14
	Christopher W. Preuster, Signing for BONDED SERVICE OF AMERICA INC.,	Pres.	9/21/14



STATEMENT OF ADDRESS
 FOR RECEIPT OF SERVICE OF PROCESS
 AGAINST
 BONDED SERVICES OF AMERICA INC.

To: The Secretary of State
 State of New Jersey

Pursuant to the provisions of Section 14A: _____, Corporations, General, of the New Jersey Statutes, the undersigned corporation hereby designates the following post-office address, including zip code, to which the Secretary of State may mail a copy of any process against the undersigned corporation that may be served on him.
520 MAIN STREET, SUITE 204, FORT LEE, NJ 07024

Dated this 21st day of September, ~~xxx~~ 2004.

BONDED SERVICES OF AMERICA INC.

Name of Corporation

By

Signature*

CHRISTOPHER W. PREISTER/PRESIDENT


Print or Type Name and Title

STATE OF NEW JERSEY
DEPARTMENT OF TREASURY
FILING CERTIFICATION (CERTIFIED COPY)

PHOTOBITION BONDED SERVICES INC.

*I, the Treasurer of the State of New Jersey,
do hereby certify, that the above named business
did file and record in this department the below
listed document(s) and that the foregoing is a
true copy of the
Certificate of Merger
Filed in this office September 30, 2004
as the same is taken from and compared with the
original(s) filed in this office on the date set
forth on each instrument and now remaining on file
and of record in my office.*

IN TESTIMONY WHEREOF, I have
hereunto set my hand and
affixed my Official Seal
at Trenton, this
4th day of October, 2004



John E. McCormac

John E McCormac, CPA
State Treasurer

TRADEMARK