

Form PTO-1594 (Rev. 07/05)
OMB Collection 0651-0027 (exp. 6/30/2008)

U.S. DEPARTMENT OF COMMERCE
United States Patent and Trademark Office

RECORDATION FORM COVER SHEET TRADEMARKS ONLY

To the Director of the U. S. Patent and Trademark Office: Please record the attached documents or the new address(es) below.

1. Name of conveying party(ies):

M&M PRECISION SYSTEMS CORPORATION

- Individual(s)
- General Partnership
- Corporation- State: Ohio
- Other _____
- Association
- Limited Partnership

Citizenship (see guidelines) _____
Additional names of conveying parties attached? Yes No

2. Name and address of receiving party(ies)

Additional names, addresses, or citizenship attached? Yes No

Name: Gleason-M&M Precision Systems Corporation

Internal Address: _____

Street Address: 300 Progress Road

City: Dayton

State: OH

Country: US Zip: 45449

- Association Citizenship _____
- General Partnership Citizenship _____
- Limited Partnership Citizenship _____
- Corporation Citizenship Ohio
- Other _____ Citizenship _____

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)

3. Nature of conveyance)/Execution Date(s) :

Execution Date(s) 06/28/2005

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

4. Application number(s) or registration number(s) and identification or description of the Trademark.

A. Trademark Application No.(s)

B. Trademark Registration No.(s)

1971846; 2134483; 2020771

Additional sheet(s) attached? Yes No

C. Identification or Description of Trademark(s) (and Filing Date if Application or Registration Number is unknown):

1971846 - M&M (word); 2134483 - M&M (fanciful design); 2020771 - THE METROLOGY & MOTION PEOPLE (word)

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

Name: Robert L. McDowell

Internal Address: The Gleason Works
Patent Dept.

Street Address: 1000 University Avenue
P.O. Box 22970

City: Rochester

State: NY Zip: 14692-2970

Phone Number: 585-461-8071

Fax Number: 585-461-4092

Email Address: Rmcdowell@gleason.com

6. Total number of applications and registrations involved: 3

7. Total fee (37 CFR 2.6(b)(6) & 3.41) \$ 120.00

- Authorized to be charged by credit card
- Authorized to be charged to deposit account
- Enclosed

8. Payment Information:

a. Credit Card Last 4 Numbers _____
Expiration Date _____

b. Deposit Account Number 07-1425

Authorized User Name Robert L. McDowell

9. Signature: Robert L. McDowell

Signature

29 July 2005

Date

Robert L. McDowell

Name of Person Signing

Total number of pages including cover sheet, attachments, and document: 5

Documents to be recorded (including cover sheet) should be faxed to (571) 273-0140, or mailed to: Mail Stop Assignment Recordation Services, Director of the USPTO, P.O. Box 1450, Alexandria, VA 22313-1450

CH \$120.00 071425 1971846



DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
06/30/2005	200518100100	DOMESTIC/AMENDMENT TO ARTICLES (AMD)	50.00	100.00	.00	.00	5.00

Receipt

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

CORPORATION SERVICE COMPANY
 ATTN: LISA VAIDO
 887 SOUTH HIGH STREET
 COLUMBUS, OH 43206

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, J. Kenneth Blackwell

665873

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

GLEASON-M&M PRECISION SYSTEMS CORPORATION

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

Document(s)

DOMESTIC/AMENDMENT TO ARTICLES

Document No(s):

200518100100



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 29th day of June, A.D.
 2005.

J. Kenneth Blackwell
 Ohio Secretary of State

TRADEMARK

REEL: 003165 FRAME: 0896



Prescribed by **J. Kenneth Blackwell**

Ohio Secretary of State

Central Ohio: (614) 466-3910

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

www.state.oh.us/sos

e-mail: busserv@sos.state.oh.us

Expedite this Form: (Check One)

Mail Form to the following:

Yes PO Box 1390
Columbus, OH 43216

** Requires an additional fee of \$100 **

No PO Box 1028
Columbus, OH 43216

**Certificate of Amendment by
Shareholders or Members
(Domestic)
Filing Fee \$50.00**

(CHECK ONLY ONE (1) BOX)

(1) Domestic for Profit		(2) Domestic Non-Profit	
<input type="checkbox"/> Amended (122-AMAP)	<input checked="" type="checkbox"/> Amendment (125-AMDS)	<input type="checkbox"/> Amended (128-AMAN)	<input type="checkbox"/> Amendment (128-AMD)

Complete the general information in this section for the box checked above.

Name of Corporation M & M Precision Systems Corporation

Charter Number 665873

Name of Officer Edward J. Pelta

Title Secretary

Please check if additional provisions attached.

The above named Ohio corporation, does hereby certify that:

A meeting of the shareholders directors (non-profit amended articles only)

members was duly called and held on _____ (Date)

at which meeting a quorum was present in person or by proxy, based upon the quorum present, an affirmative vote was cast which entitled them to exercise _____ % as the voting power of the corporation.

in a writing signed by all of the shareholders directors (non-profit amended articles only)

members who would be entitled to the notice of a meeting or such other proportion not less than a majority as the articles of regulations or bylaws permit.

Clause applies if amended box is checked.

Resolved, that the following amended articles of incorporations be and the same are hereby adopted to supercede and take the place of the existing articles of incorporation and all amendments thereto.

2005 JUN 29 PM 4:21
SECRETARY OF STATE

All of the following information must be completed if an amended box is checked.
 If an amendment box is checked, complete the areas that apply.

FIRST: The name of the corporation is: Gleason-M&M Precision Systems Corporation

SECOND: The place in the State of Ohio where its principal office is located is in the City of:

(city, village or township) (county)

THIRD: The purposes of the corporation are as follows:

FOURTH: The number of shares which the corporation is authorized to have outstanding is: _____
(Does not apply to box (2))

REQUIRED
 Must be authenticated
 (signed) by an authorized
 representative
 (See instructions)

Edward J. Pelta
 Authorized Representative

June 28, 2005
 Date

Edward J. Pelta
(Print Name)
 Secretary

 Authorized Representative

 Date


(Print Name)

665873

UNITED STATES OF AMERICA,
STATE OF OHIO,
OFFICE OF THE SECRETARY OF STATE

I, J. Kenneth Blackwell, Secretary of State of the State of Ohio, do hereby certify that the foregoing is a true and correct copy, consisting of 3 pages, as taken from the original record now in my official custody as Secretary of State.

WITNESS my hand and official seal at Columbus, Ohio, this 30th day of June, 2005 A.D.



J. Kenneth Blackwell
J. KENNETH BLACKWELL
Secretary of State

By: Mary Purnell
TRADEMARK

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