

**TRADEMARK ASSIGNMENT**

Electronic Version v1.1  
 Stylesheet Version v1.1

<b>SUBMISSION TYPE:</b>	CORRECTIVE ASSIGNMENT
<b>NATURE OF CONVEYANCE:</b>	Corrective Assignment to correct the recorded merger to remove App. 76/244649, and Reg. Nos. 2194049 and 1174706, which were erroneously included in the merger previously recorded on Reel 002613 Frame 0113. Assignor(s) hereby confirms the original document was merger that should have been recorded only against Trademark Reg. Nos. 1050441 and 1051057.

**CONVEYING PARTY DATA**

Name	Formerly	Execution Date	Entity Type
Consolidated Coatings Corporation		09/27/2002	CORPORATION: OHIO

**RECEIVING PARTY DATA**

<b>Name:</b>	Republic Powered Metals, Inc.
<b>Street Address:</b>	2628 Pearl Road
<b>City:</b>	Medina
<b>State/Country:</b>	OHIO
<b>Postal Code:</b>	44258
<b>Entity Type:</b>	CORPORATION: OHIO

**PROPERTY NUMBERS Total: 2**

Property Type	Number	Word Mark
Registration Number:	1050441	DURA-MARK
Registration Number:	1051057	SUPER FLOORKOTE

**CORRESPONDENCE DATA**

Fax Number: (216)241-0816  
*Correspondence will be sent via US Mail when the fax attempt is unsuccessful.*  
 Phone: 216.622.8854  
 Email: ipdocket@calfee.com  
 Correspondent Name: Raymond Rundelli  
 Address Line 1: 800 Superior Avenue  
 Address Line 2: Suite 1400  
 Address Line 4: Cleveland, OHIO 44114-2688

<b>ATTORNEY DOCKET NUMBER:</b>	00706/00099
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CH \$65.00 1050441

NAME OF SUBMITTER:	Raymond Rundelli
Signature:	/Raymond Rundelli/
Date:	10/05/2005

**Total Attachments: 11**

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Form PTO-1594 (Rev. 03/01) OMB No. 0651-0027 (exp. 5/31/2002) Tab settings $\Rightarrow \Rightarrow \Rightarrow \nabla \nabla \nabla \nabla \nabla \nabla \nabla$		U.S. DEPARTMENT OF COMMERCE U.S. Patent and Trademark Office	
 <b>102276274</b>			
To the Honorable Commissioner of Patents and Trademarks; Please record the attached original documents or copy thereof.			
1. Name of conveying party(ies): Consolidated Coalings Corporation <b>11.5.02</b>  <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 <input type="checkbox"/> Other _____  Additional name(s) of conveying party(ies) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		2. Name and address of receiving party(ies) Name: Republic Powered Metals, Inc. Internal Address: _____ Street Address: 2628 Pearl Road City: Medina State: OH Zip: 44258  <input type="checkbox"/> Individual(s) citizenship _____ <input type="checkbox"/> Association _____ <input type="checkbox"/> General Partnership _____ <input type="checkbox"/> Limited Partnership _____ <input checked="" type="checkbox"/> Corporation-State Ohio <input type="checkbox"/> Other _____ <small>If assignee is not domiciled in the United States, a domestic representative designation is attached: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Designations must be a separate document from assignment)</small> Additional name(s) & address(es) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
3. Nature of conveyance: <input type="checkbox"/> Assignment <input checked="" type="checkbox"/> Merger <input type="checkbox"/> Security Agreement <input type="checkbox"/> Change of Name <input type="checkbox"/> Other _____ Execution Date: 09/27/02			
4. Application number(s) or registration number(s): A. Trademark Application No.(s) _____ <b>76244649</b> Additional number(s) attached <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		B. Trademark Registration No.(s) _____	
5. Name and address of party to whom correspondence concerning document should be mailed: Name: Raymond Rundell Internal Address: _____ <b>CALFEE, HALTER &amp; GRISWOLD LLP</b> 1400 McDonald Investment Center Street Address: 800 Superior Avenue City: Cleveland State: OH Zip: 44133		6. Total number of applications and registrations involved: <span style="border: 1px solid black; padding: 2px;">5</span>  7. Total fee (37 CFR 3.41) \$ 140.00 <input checked="" type="checkbox"/> Enclosed <input type="checkbox"/> Authorized to be charged to deposit account	
		8. Deposit account number: 03-0172	
<b>DO NOT USE THIS SPACE</b>			
9. Signature. 11/07 2002 BYTRM 00000071 76244649 01 FC 0321 Raymond Rundell 40.00 OP 02 FC 6322 Name of Person Signing 100.00 OP		Signature: <u>Raymond Rundell</u> Date: <u>October 29, 2002</u> Total number of pages including cover sheet, attachments, and document: <span style="border: 1px solid black; padding: 2px;">11</span>	

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

TRADEMARK REEL: 002613 FRAME: 0113

TRADEMARK REEL: 003170 FRAME: 0785

**CONSOLIDATED COATINGS CORPORATION****U. S. PENDING APPLICATIONS**

MARK	APPLN. NO.	FILING DATE	STATUS
SWIRL	76/244,649	04/23/01	Pending.

**U. S. REGISTRATIONS**

MARK	REG. NO.	REG. DATE	STATUS
WOODPAL	2,194,049	10/06/98	Registered.
DECKOTE	1,174,706	10/27/81	Renewed.
SUPER FLOORKOTE	1,051,057	10/26/76	Renewed.
DURA-MARK	1,050,441	10/19/76	Renewed.

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**TRADEMARK  
REEL: 002613 FRAME: 0114****TRADEMARK  
REEL: 003170 FRAME: 0786**

Doc 'D' -> 200227401224



DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
10/01/2002	200227401224	MERGER/DOMESTIC (MER)	125.00	100.00	.00	.00	.00

**Receipt**

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

CSC/DIAMOND ACCESS  
887 S HIGH STREET  
COLUMBUS, OH 43208

# STATE OF OHIO

**Ohio Secretary of State, J. Kenneth Blackwell**

324645

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

**REPUBLIC POWDERED METALS, INC.**

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

Document(s)  
**MERGER/DOMESTIC**

Document No(s):  
**200227401224**



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 27th day of September,  
A.D. 2002.

*J. Kenneth Blackwell*  
Ohio Secretary of State

Doc ID --> 200227401224

DATE:	DOCUMENT ID	DESCRIPTION	FILING	EMPED	PENALTY	CERT	COPY
10/01/2002	200227401224	MERGED OUT OF EXISTENCE (MEX)	.00	.00	.00	.00	.00

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

CSC/DIAMOND ACCESS  
887 S HIGH STREET  
COLUMBUS, OH 43206

# STATE OF OHIO

Ohio Secretary of State, J. Kenneth Blackwell

159532

It is hereby certified that the Secretary of State of Ohio has custody of the business records for  
**CONSOLIDATED COATINGS CORPORATION**  
and, that said business records show the filing and recording of:

Document(s)  
**MERGED OUT OF EXISTENCE**

Document No(s):  
**200227401224**



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 27th day of September,  
A. D. 2002.

*J. Kenneth Blackwell*  
Ohio Secretary of State

Doc ID -> 200227401224

SEP 27 2002 03:11 FR RPH INC.

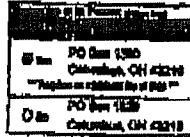
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Prepared by J. Kenneth Blackwell

Ohio Secretary of State  
General Office (614) 465-3910  
Toll Free 1-877-806-3723 (1-877-787-3433)



State Registration  
e-mail: osstate@state.ohio.gov

**CERTIFICATE OF MERGER**  
(For Domestic or Foreign, Profit or Non-Profit)  
Filing Fee \$125.00  
125488

In compliance with the requirements of Ohio law, the undersigned incorporators, limited liability partners, members and trust, limited liability members, limited partners and/or contributors with limited liability, desiring to effect a change, set forth the following facts:

**I. SURVIVING ENTITY**

A. The name of the entity surviving the merger is:

Republic Financial Market, Inc.

B. Name Change: As a result of this merger, the name of the surviving entity has been changed to the following:

Republic Financial Market, Inc.

C. The surviving entity is a: (Please check the appropriate box and fill in the appropriate number)

- Domestic (Ohio) For-Profit Corporation, charter number 324616
- Domestic (Ohio) Non-Profit Corporation, charter number \_\_\_\_\_
- 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 \_\_\_\_\_
- Foreign (Non-Ohio) Corporation incorporated under the laws of the state/country of \_\_\_\_\_ and NOT licensed to transact business in the state of Ohio.
- Domestic (Ohio) Limited Liability Corporation, with registration number \_\_\_\_\_
- Foreign (Non-Ohio) Limited Liability Company organized under the laws of the state/country of \_\_\_\_\_ and registered to do business in the State of Ohio under registration number \_\_\_\_\_
- 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.
- Domestic (Ohio) Limited Partnership, with registration number \_\_\_\_\_
- 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 \_\_\_\_\_

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SECRETARY OF STATE

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CORP SERVICES CO

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- Foreign (Non-Ohio) Limited Partnership organized under the laws of the state/province of \_\_\_\_\_ and NOT registered to do business in the state of Ohio.
- Domestic (Ohio) Partnership having limited liability, with the registration number \_\_\_\_\_
- Foreign (Non-Ohio) Partnership having limited liability organized under the laws of the state/province of \_\_\_\_\_ and registered to do business in the state of Ohio under registration number \_\_\_\_\_
- Foreign (Non-Ohio) Non-Profit Incorporation under the laws of the state/province of \_\_\_\_\_ and licensed to do business in the state of Ohio under license number \_\_\_\_\_
- Foreign (Non-Ohio) Non-Profit Incorporation under the laws of the state/province of \_\_\_\_\_ and not licensed to do business in the state of Ohio.
- Limited partnership not registered with the state of Ohio.

**II. THE MERGER ENTITY**

The names, addresses, registration numbers, type of entity, state/province of incorporation or organization, and locality, of which is the articles merging but of secondary use as follows: (If this is furnished space to reflect all merging entities, please insert a separate sheet filling the foregoing spaces)

No. in / Name, Address or registration number	State/Country of Organization	Type of Entity
1 CORPORATED COMPANY CORPORATION (number 0189822)	Ohio	CORPORATION

**III. THE MERGER AGREEMENT ON FILE**

The name and mailing address of the person or entity that delivered signed originals to the state of Ohio is as follows:

By: John Adam Stevens 3878 Forest Road  
(or) PO Box 100  
Ohio 43228  
(city or town) (state) (zip code)

**IV. THE EFFECTIVE DATE OF MERGER**

The merger is in full effect on \_\_\_\_\_ (If a date is specified, this date must be a date on or after the date of filing; the effective date of the merger cannot be earlier than the date of filing; if no date is specified, the date of filing will be the effective date of the merger).

**V. THE MERGER AGREEMENT**

The laws of the state or country under which both corporations exist, provide the merger. The merger was defined, approved and authorized by each of the companies parties in compliance with the laws of a state under which it is organized, and the persons signing this statement on behalf of each of the corporations will be fully authorized to do so.

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**VI. STATUTORY AGENT**

This is a true and correct copy of the statutory agent (from which any photos, copies or documents may be taken) as:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

(This is an affidavit 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**

I, undersigned, named herein as the statutory agent for the above designated surviving entity, hereby do recognize and accept the appointment of statutory agent for said entity.

Signature of Agent \_\_\_\_\_

(The acceptance of agent must be completed by the surviving entity if through this merger the statutory agent has changed, or the named agent differs in any way from the above correctly so stated with the Secretary of State.)

**VIII. STATEMENT OF PURPOSE**

If in filing of this report under state 64 specified health, the surviving entity wishes listed health shall merge into the state of surviving entity.

**IX. AMENDMENTS**

The articles of incorporation, articles of association, certificate of limited partnership or registration of partnership has the limited liability (state appropriate form) of the surviving domestic entity have been amended.  
 Amendments are provided  No Changes

**X. QUALIFICATION OR LICENSE 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 (license 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 license appropriate the following as to statutory agent upon whom provided, notice or document against the entity may be served in the state of Ohio. The name and complete address of the statutory agent is:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

The listed surviving foreign corporation, bank, savings bank, savings and loan, limited liability company, limited partnership, or partnership having limited liability (license 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 license appropriate the following as to statutory agent upon whom provided, notice or document against the entity may be served in the state of Ohio. The name and complete address of the statutory agent is:

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The qualifying entity also complies as follows (Complete only if applicable)  
1. Foreign Entity Under Section 1792(b)  
(If the qualifying entity is a foreign bank, savings bank, or savings and loan, then the following information must be completed.)

(a.) The name of the Foreign National/Foreignly chartered bank, savings bank, or savings and loan association is

(b.) The name(s) of any State Party(ies) under which the corporation will maintain business:

(c.) The location of the main office (non-Chris) shall be:

City/State: \_\_\_\_\_  
City, township, or village: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

(d.) The principal office location in the state of Ohio shall be:

Street address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_  
(City, township, or village) \_\_\_\_\_

(Please note, if there will not be an office in the state of Ohio, please list none.)  
(e.) The corporation will exercise the following responsibility in the state of Ohio:  
(Please provide a brief summary of the business to be conducted; a general statement is not sufficient)

2. Foreign Chartered Limited Liability Company  
(If the qualifying entity is a foreign limited liability company, the following information must be completed.)

(a.) The name of the limited liability company in the state of origin/registration is

(b.) The name under which the limited liability company desires to transact business in Ohio is

(c.) The limited liability company was organized or registered on \_\_\_\_\_ under the laws of the state/country of \_\_\_\_\_

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(a) The address in which remittance payment may deposit requests for copies of the articles of organization, operating agreement, bylaws, or other charter documents of the company is:

(Street address) \_\_\_\_\_  
RPH INC. (Street Address and ZIP) (Optional)

(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 terms of the limited partnership is \_\_\_\_\_

(b.) The limited partnership was formed on \_\_\_\_\_

(c.) The address of the office of the limited partnership in its municipality of organization is:

(Street address) \_\_\_\_\_  
RPH INC. (Street Address and ZIP) (Optional)

(City, township, or village) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip code) \_\_\_\_\_

(d.) The limited partnership's principal office address is:

(Street address) \_\_\_\_\_  
RPH INC. (Street Address and ZIP) (Optional)

(City, township, or village) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip code) \_\_\_\_\_

(e.) The names and business or residential addresses of the General partners of the partnership are as follows:

Name	Address
_____	_____
_____	_____
_____	_____

(If limitation period to amend this form, please attach a separate sheet listing the period between and how frequently addresses)

(f.) The names of the (2002) state as list of the names and business or residential addresses of the limited partners and their (names) as capital contributors to be maintained is:

(Street address) \_\_\_\_\_  
RPH INC. (Street Address and ZIP) (Optional)

(City, township, or village) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip code) \_\_\_\_\_

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The limited partnership hereby certifies that it shall maintain full records until the registration of the limited partnership in Ohio is withdrawn or otherwise.

4. Foreign Qualifying Partnership Having Limited Liability

(a) The name of the partnership shall be

(b) Please complete the following appropriate entries, where applicable (do not):

(1) The address of the partnership's principal office in Ohio is:

(Name, street, city, state, zip code)

(City, state or territory) Ohio (Zip code)

If the partnership does not have a principal office in Ohio, check item (2) (do not complete)

(2) The address of the partnership's principal office (non-Ohio):

(Name, street, city, state, zip code)

(City, state or territory) Ohio (Zip code)

(c) The name and address of a statutory agent for service of process in Ohio is as follows:

(Name)

(Name, street, city, state, zip code)

(City, state or territory) Ohio (Zip code)

(d) Please indicate the state or jurisdiction in which the Foreign Limited Liability Partnership has been formed

(e) The business which the partnership engages in is:

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The undersigned certifies that he or she caused this certificate of merger to be signed by its duly authorized officers, partners and its president(s) on the date(s) stated below.

Agropolis Founders (Agropolis, Inc.)

Centralized Operating Corporation

By: [Signature]

By: [Signature]

Title: SECRETARY

Title: SECRETARY

Date: 9/27/02

Date: 9/27/02

(Print name of entity)

(Print name of entity)

By: \_\_\_\_\_

By: \_\_\_\_\_

Title: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

(Print name of entity)

(Print name of entity)

By: \_\_\_\_\_

By: \_\_\_\_\_

Title: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

(Print name of entity)

(Print name of entity)

By: \_\_\_\_\_

By: \_\_\_\_\_

Title: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

(Print name of entity)

(Print name of entity)

By: \_\_\_\_\_

By: \_\_\_\_\_

Title: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

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