

**TRADEMARK ASSIGNMENT**

Electronic Version v1.1  
 Stylesheet Version v1.1

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	MERGER
EFFECTIVE DATE:	08/30/2005

**CONVEYING PARTY DATA**

Name	Formerly	Execution Date	Entity Type
Grason-Stadler, Inc.		08/30/2005	CORPORATION: MASSACHUSETTS

**RECEIVING PARTY DATA**

Name:	Viasys Holdings Inc.
Street Address:	227 Washington Street
City:	Conshohocken
State/Country:	PENNSYLVANIA
Postal Code:	19428
Entity Type:	CORPORATION: DELAWARE

**PROPERTY NUMBERS Total: 3**

Property Type	Number	Word Mark
Registration Number:	1901653	GRASON-STADLER
Registration Number:	1898780	GSI
Registration Number:	1914730	AUTO TYMP

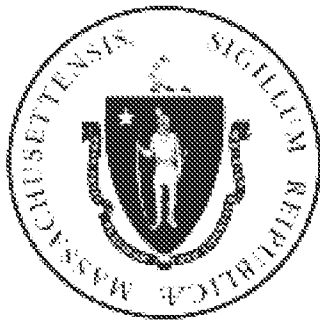
**CORRESPONDENCE DATA**

Fax Number: (202)739-3001  
*Correspondence will be sent via US Mail when the fax attempt is unsuccessful.*  
 Phone: 202-739-5652  
 Email: chowell@morganlewis.com  
 Correspondent Name: Catherine R. Howell, Paralegal  
 Address Line 1: 1111 Pennsylvania Ave., N.W.  
 Address Line 4: Washington, DISTRICT OF COLUMBIA 20004

ATTORNEY DOCKET NUMBER:	054806-0135
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NAME OF SUBMITTER:	Catherine R. Howell, Paralegal
Signature:	/Catherine R. Howell/
Date:	12/12/2005
Total Attachments: 1 source=grasondeclaration#page3.tif	



**The Commonwealth of Massachusetts  
William Francis Galvin**

Secretary of the Commonwealth  
One Ashburton Place, Boston, Massachusetts 02108-1512  
Telephone: (617) 727-9640

**GRASON-STADLER, INC. Summary Screen**



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**The exact name of the Domestic Profit Corporation:** GRASON-STADLER, INC.

**The name was changed from:** LUCAS GRASON-STADLER, INC. on 11/4/93

**The name was changed from:** GRASON-STADLER, INC. on 8/30/90

**Mergered into** VIASYS HOLDINGS INC. on 8/30/05

**Mergered with :** GRASON-STADLER INTERNATIONAL, I on 7/29/88

**Entity Type:** Domestic Profit Corporation

**Identification Number:** 042631732

**Old Federal Employer Identification Number (Old FEIN):** 000075697

**Date of Organization in Massachusetts:** 12/29/1977

**Date of Merger:** 08/30/2005

**Current Fiscal Month / Day:** 12 / 31

**Previous Fiscal Month / Day:** 07 / 31

**The location of its principal office in Massachusetts:**

No. and Street: C T CORPORATION

2 OLIVER ST.

City or Town: BOSTON

State: MA

Zip: 02109

Country: USA

**If the business entity is organized wholly to do business outside Massachusetts, the location of that office:**

No. and Street:

City or Town:

State:

Zip:

Country:

**TRADEMARK**