

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

Atty. Ref.:
JN-61 (#90664)

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):

Duramax, Inc.

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

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: Johnsonite Inc.

Internal _____

Address: _____

Street Address: 16910 Munn Road

City: Chagrin Falls

State: Ohio

Country: United States Zip: 44023

- Association Citizenship _____
- General Partnership Citizenship _____
- Limited Partnership Citizenship _____
- Corporation Citizenship United States
- 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) December 8, 2005

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

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

A. Trademark Application No. (s)
78/584306, 76/296317, 78/394713, 78/668096, 78/584218, 78/584230, 78/584254, 78/584262, 78/584276, 78/778251, 78/778333, 78/778358, 78/778370

B. Trademark Registration No. (s)
870440, 2501329, 2818603, 2637226, 2538311, 2748230, 2614978, 2772254, 2832516, 2718623, 2644394

Additional sheet(s) attached? Yes No

C. Identification or Description of Trademark(s) (and Filing Date if Application or Registration Number is unknown):
REPLICA, DURAMAX, DURAMAX, DURAMAX, REPLAY, FUSION, REACTION, VIBRANCE, POWER TAPE, MATERA, FOUNTAIN, ARTISAN, OLIO, LS-40, SUBFLOOR LEVELER SYSTEM, MILLWORK WALL BASE, JOHNSONITE MILLWORK, REPLACE, GREENWICH, THE GARDENS, CITYSCAPE

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

Name: D. Peter Hochberg

Internal Address: _____

Street Address: 1940 East 6th Street

City: Cleveland

State: Ohio Zip: 44114

Phone Number: (216)771-3800

Fax Number: (216)771-3804

Email Address: dphochberg@aol.com

6. Total number of applications and registrations involved:

67

7. Total fee (37 CFR 2.6(b)(6) & 3.41) \$ 1690

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

8. Payment Information:

a. Credit Card Last 4 Numbers 2001
Expiration Date May 2008

b. Deposit Account Number _____

Authorized User Name _____

9. Signature:

D. Peter Hochberg

Signature

February 23, 2006

Date

D. Peter Hochberg

Name of Person Signing

Total number of pages including cover sheet, attachments, and document: 8

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

OP \$1690.00 78584306

ADDITIONAL TRADEMARKS FOR ADDITION TO "RECORDATION FORM
COVER SHEET-TRADEMARKS ONLY
WITH REFERENCE TO THE CHANGE OF NAME OF DURAMAX, INC. TO
JOHNSONITE INC.

4A. Additional Trademark Application Nos.
78/778390, 78/778407, 78/778468, 78/778437

4B. Additional Trademark Registration Nos.
2536716, 3003166, 2682040, 2692623, 2792636, 2793112, 2786369, 2823965, 2805642,
2805643, 2875480, 2875479, 2875478, 2875477, 2875476, 2978695, 2999716, 2986606,
1978623, 1388394, 725793, 904827, 867337, 1474193, 1922029, 1853407, 2006547,
1947335, 2052008, 2124243, 2078112, 2934482, 2233414, 2370074, 2422031, 2422030,
2488271, 2462519, 2486058

4C. Additional Identification or Description of Trademarks
DOWNTOWN, NIGHTLIFE, REVEAL, OUTLINE, OVERLOOK, DIPLOMAT,
SILHOUTTE, FINISHING BORDERS, RECESS, DEMOUNTABLE WALL BASE
SYSTEM, CUSTOM FLOORVIEW, RESTART, PERCEPTIONS, SPIRE, QUAD,
GEPETTO, TEMPO, INERTIA, COMMOTION, CHANCE, KARMIC, SPLASHED,
OBLIQUE, DEFIANT, PROMINENT, COLORMATCH, RONDEL, THRUST-A-
PAD, SAFE-T-RIB, JOHNSONITE, DURA-COVE, VENT-COVE, TERRA-TURF,
SAFE-T-FIRST, COMFORTECH, TIGHTLOCK, GEM FINISHES, PRIMA,
FLAGSTONE, GENESES, SAFETY STRIDE, SPECKSTONE, METALLICS,
BRONZE REFLECTIONS, SPORT-ABILITY, ANTHEM

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200534300240

DATE	DOCUMENT ID	DESCRIPTION	FILING	EXFED	PENALTY	CERT	COPY
12/09/2005	200534300240	MERGER/DOMESTIC (MER)	125.00	100.00	.00	.00	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

12785

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

JOHNSONITE INC

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

Document(s):

MERGER/DOMESTIC

Document No(s):

200534300240

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 8th day of December, A.D. 2005.

J. Kenneth Blackwell
 Ohio Secretary of State

TRADEMARK

REEL: 003258 FRAME: 0456

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Prescribed by **J. Kenneth Blackwell**

Ohio Secretary of State
Central Ohio: (614) 466-3910
Toll Free: 1-877-SOS-FILE (1-877-767-3453)

Precede this Form (then fee)	
<input checked="" type="radio"/> Yes	PO Box 1390 Columbus, OH 43216 --- Requires an additional fee of \$99 ---
<input type="radio"/> No	PO Box 1328 Columbus, OH 43216

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

CERTIFICATE OF MERGER

(For Domestic or Foreign, Profit or Non-Profit)

Filing Fee \$125.00
(125-000)

In accordance with the requirements of Ohio law, the undersigned corporations, banks, savings banks, savings and loan, limited liability companies, limited partnerships and/or partnerships with limited liability desiring to effect a merger set forth the following facts:

I. SURVIVING ENTITY

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

DURAMAX INC

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

JOHNSONITE INC

(Complete only if name of surviving entity is changing through the merger)

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

Domestic (Ohio) For-Profit Corporation, charter number 12785

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 Company, 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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- Foreign (Non-Ohio) Limited Partnership organized under the laws of the state/country 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/country 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/country of _____ and licensed to transact business in the state of Ohio under license number _____
- Foreign (Non-Ohio) Non-Profit Incorporation under the laws of the state/country of _____ and not licensed to transact business in the state of Ohio.
- General partnership not registered with the state of Ohio

III. MERGING ENTITY

The name, charter/license/registration number, type of entity, state/country of incorporation or organization, respectively, of which is the entities merging out of existence are as follows: (If this is insufficient space to reflect all merging entities, please attach a separate sheet listing the merging entities)

Name / charter, license or registration number	State/Country of Organization	Type of Entity
TARKETT ACQUISITION CORPORATION 1582668	OH	FOR PROFIT
DURAMAX INC 12785	OH	FOR PROFIT

III. MERGER AGREEMENT ON FILE

The name and mailing address of the person or entity from whom which eligible persons may obtain a copy of the agreement of merger upon written request

SOUMI AZAR 1001 YAMASKA EAST ST
(name) (street) NOTE: P. O. Box Addresses are NOT acceptable.

PARNHAM QUEBEC J2N 1J7
(city, village or township) (state) (zip code)

IV. EFFECTIVE DATE OF MERGER

This merger is to be effective on: 12/08/2005 (If a date is specified, the 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. MERGER AUTHORIZED

The laws of the state or country under which each constituent entity exists, permits this merger. This merger was adopted, approved and authorized by each of the constituent entities in compliance with the laws of the state under which it is organized, and the persons signing this certificate on behalf of each of the constituent entities are duly authorized to do so.

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VI STATUTORY AGENT

The name and address of the surviving entity's statutory agent upon whom any process, notice or demand may be served is:

CSC (name) _____ (street) **NOTE: P.O. Box Addresses are NOT acceptable.**
_____, Ohio _____
(city, village or township) (zip code)

(This item MUST be completed 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

The undersigned, named herein as the statutory agent for the above referenced surviving entity, hereby acknowledges and accepts the appointment of statutory agent for said entity.

Signature of Agent _____

(The acceptance of agent must be completed by the surviving entities if through this merger the statutory agent has changed, or the named agent differs in any way from the name currently on record with the Secretary of State.)

VIII STATEMENT OF MERGER

Upon filing, or upon such later date as specified herein, the merging entity/entities listed herein shall merge into the listed surviving entity.

IX AMENDMENTS

The articles of incorporation, articles of organization, certificate of limited partnership or registration of partnership having limited liability (choose appropriate term) of the surviving domestic entity have been amended.
 Attachments are provided No Changes

X QUALIFICATION OR LICENSURE 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 desires 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 hereby appoints the following as its statutory agent upon whom process, notice or demand against the entity may be served in the state of Ohio. The name and complete address of the statutory agent is:

_____, Ohio _____
(name) (street) **NOTE: P.O. Box Addresses are NOT acceptable.**
(city, village or township) (zip code)

The subject surviving foreign corporation, bank, savings bank, savings and loan, limited liability company, limited partnership, or partnership having limited liability irrevocably consents to service of process on the statutory agent listed above as long as the authority of the agent continues, and to service of process upon the Secretary of State of Ohio if the agent cannot be found, if the corporation, bank, savings bank, savings and loan, limited liability company, limited partnership, or partnership having limited liability fails to designate another agent when required to do so, or if the foreign corporation's, bank's, savings bank's, savings and loan's, limited liability company's, limited partnership's or partnership having limited liability's license or registration to do business on Ohio expires or is canceled.

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The undersigned constituent entities have caused this certificate of merger to be signed by its duly authorized officers, partners and representatives on the date(s) stated below.

TARKETT ACCOUNTING CORPORATION
 (Exact name of entity)
 By: Jacques
 Title: President
 Date: 12/06/2005

DURAMAC INC
 (Exact name of entity)
 By: [Signature]
 Title: VP - CFO
 Date: 12/06/2005

 (Exact name of entity)
 By: _____
 Title: _____
 Date: _____

 (Exact name of entity)
 By: _____
 Title: _____
 Date: _____

 (Exact name of entity)
 By: _____
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 (Exact name of entity)
 By: _____
 Title: _____
 Date: _____

 (Exact name of entity)
 By: _____
 Title: _____
 Date: _____