Electronic Version v1.1 Stylesheet Version v1.1

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	MERGER
EFFECTIVE DATE:	04/14/2005

CONVEYING PARTY DATA

Name	Formerly	Execution Date	Entity Type
Combined Tactical Systems, Inc.		04/14/2005	CORPORATION: PENNSYLVANIA
Mico Holding Co.		04/14/2005	CORPORATION: PENNSYLVANIA

RECEIVING PARTY DATA

Name:	Combined Systems, Inc.
Street Address:	226 Newtown Road
City:	Plainview
State/Country:	NEW YORK
Postal Code:	11803
Entity Type:	CORPORATION: NEW YORK

PROPERTY NUMBERS Total: 1

Property Type	Number	Word Mark
Registration Number:	2960810	MINI BANG

CORRESPONDENCE DATA

Fax Number: (646)728-2841

Correspondence will be sent via US Mail when the fax attempt is unsuccessful.

Phone: 617.951.7000

Email: tmfilings@fishneave.com

Correspondent Name: Darren T. Boswell
Address Line 1: Ropes & Gray LLP
Address Line 2: One International Place

Address Line 4: Boston, MASSACHUSETTS 02110-2624

ATTORNEY DOCKET NUMBER:	LOOK-004-004
NAME OF SUBMITTER:	Darren T. Boswell

TRADEMARK REEL: 003287 FRAME: 0111

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\$40,00

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Signature:	/Darren T. Boswell/
Date:	04/11/2006
Total Attachments: 4 source=CombinedSystemsmergerdoc#page source=CombinedSystemsmergerdoc#page source=CombinedSystemsmergerdoc#page source=CombinedSystemsmergerdoc#page	e2.tif e3.tif

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	VANIA DEPARTMENT CORPORATION BUREA		
Entity Number	Articles/Certificate of (15 Pa.C.S.) X Domestic Business Co Domestic Nonprofit Cor Limited Partnership (§ 8	Merger rporation (§ 1926) poration (§ 5926)	
Name ESQUIRE ASSIST		Document will be returned to the name and address you enter to the left.	he
COUNTER PICK-UP City State	Zip Code	(
In compliance with the population		of the Commonwealth (relating to articles of merger or cons	Solidation) the
rsigned, desiring to effect a merger, 1. The name of the corporation/lim COMBINED SYSTEMS, INC.	hereby state that:		
1. The name of the corporation/lim COMBINED SYSTEMS, INC. 2. Check and complete one of the The surviving corporation/lim the (a) address of its current re-	hereby state that: nited partnership surviving the n following: ited partnership is a domestic b gistered office in this Common tue is (the Department is hereby	usiness/nonprofit corporation/limited wealth or (b) name of its commercial rauthorized to correct the following in	partnership and
1. The name of the corporation/lim COMBINED SYSTEMS, INC. 2. Check and complete one of the The surviving corporation/lim the (a) address of its current re provider and the county of ven conform to the records of the D	following: ited partnership surviving the n following: ited partnership is a domestic b gistered office in this Common une is (the Department is hereby lepartment): City	usiness/nonprofit corporation/limited wealth or (b) name of its commercial rauthorized to correct the following in	partnership and egistered office formation to bunty
2. Check and complete one of the The surviving corporation/lim the (a) address of its current re provider and the county of ven conform to the records of the D (a) Number and Street (b) Name of Commercial Register Z The surviving corporation/lim partnership incorporated/forme office in this Commonwealth o	hereby state that: ited partnership surviving the n following: ited partnership is a domestic b gistered office in this Commonvature is (the Department is hereby department): City stered Office Provider mited partnership is a qualified for under the laws of NEW YO r (b) name of its commercial rej	usiness/nonprofit corporation/limited wealth or (b) name of its commercial rauthorized to correct the following in State Zip Count	partnership and egistered office of the partnership and the partne
2. Check and complete one of the The surviving corporation/lime the (a) address of its current reprovider and the county of ven conform to the records of the D (a) Number and Street (b) Name of Commercial Register Z The surviving corporation/lime partnership incorporated/forme office in this Commonwealth of Department is hereby authorized.	hereby state that: nited partnership surviving the n following: lited partnership is a domestic b gistered office in this Common tue is (the Department is hereby lepartment): City stered Office Provider mited partnership is a qualified f ad under the laws of NEW YO or (b) name of its commercial reged to correct the following infor City stered Office Provider	usiness/nonprofit corporation/limited wealth or (b) name of its commercial rauthorized to correct the following in State Zip Co	partnership and egistered office of the partnership and the partne

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TRADEMARK REEL: 003287 FRAME: 0113 DSCB:15-1926/5926/8547-2

3. The name and the address of the registered provider and the county of venue of each qualified foreign business/nonprofit corpor follows:	other domestic busine	ess/nonprofit corporation/lim	ited partnership and
Name Registered Office Address	SS Commercial	Registered Office Provider	County
COMBINED TACTICAL SYSTEMS, INC. 47 CLINTON STREET, P.O. BOX 510, GRE	SENVILLE, PA 1612	25	MERCER
MICO HOLDING CO., 388 KINSMAN ROA	AD, JAMESTOWN, I	PA 16134	MERCER
4. Check, and if appropriate complete, one of	f the following:		
X The plan of merger shall be effective up	on filing these Articl	es/Certificate of Merger in th	e Department of State.
The plan of merger shall be effective or	n: Date	at Hour	•
		11/41	
5. The manner in which the plan of merger was	as adopted by each de	omestic corporation/limited p	partnership is as follows:
Name		nner of Adoption	
COMBINED TACTICAL SYSTEMS, INC.	PURSUANT	BY THE DIRECTORS AND TO 15 Pa.C.S. § 1924(a)	
MICO HOLDING CO.	ADOPTED I PURSUANT	BY THE DIRECTORS AND TO 15 Pa.C.S.§ 1924(a)	SHAREHOLDERS
,			
6. Strike out this paragraph if no foreign corp The plan was authorized, adopted or approv corporation/limited partnership (or each of the plan in accordance with the laws of the	ved, as the case may the foreign business/	be, by the foreign business/nonprofit corporations/limite	pprofit
7. Check, and if appropriate complete, one of			
The plan of merger is set forth in full in E			
X Pursuant to 15 Pa.C.S. § 1901/§ 8547(b) if any, of the plan of merger that amend or Incorporation/Certificate of Limited Partne subsequent to the effective date of the plan The full text of the plan of merger is on file partnership, the address of which is.	constitute the operate ership of the surviving are set forth in full i	ive provisions of the Articles g corporation/limited partner n Exhibit A attached hereto a	s of ship as in effect
c/o COMBINED SYSTEMS, INC., 226 NEWT			
Number and street	City	State Zip	County

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TRADEMARK REEL: 003287 FRAME: 0114 DSCB: 15-1926/5926/8547-3

IN TESTIMONY WHEREOF, the undersigned corporation/limited partnership has caused these
Articles/Certificate of Merger to be signed by a duly authorized officer thereof this
14th day of April
2005
COMBINED TACTICAL SYSTEMS, INC.
Name of Corporation/Limited Partnership
m. I non
Signature
PRES.
Title
місо ногряж со.
Name of Corporation/Limited Partnership
m. lim
Signature
PRES.
Title
COMBINED SYSTEMS, INC.
Name of Corporation/Limited Partnership
Signature
Title

FORM PHL_A #1979923 v1

DSCB: 15-1926/5926/8547-3

	MONY WHEREOF, the undersigned I limited partnership has caused these
ticles/Ce	ertificate of Merger to be signed by a duly
thorized	officer thereof this
144	day of April
2005	months and programme and a second sec
CO	MBINED TACTICAL SYSTEMS, INC.
Na	ime of Corporation/Limited Partnership
	•
	S:
	Signature
	Title
	MICO HOLDBIC CO
Na	MICO HOLDING CO. me of Corporation/Limited Partnership
174	and of Corporations Limited Partitletship

	Signature
***************************************	Title
	6.400
	COLUMNIA ALIGNELO DE
	COMBINED SYSTEMS, INC.
Na	me of Corporation/Limited Partnership
	111/2
200	Signature
P	Signature resident
	=
· · · · · · · · · · · · · · · · · · ·	Title

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TRADEMARK REEL: 003287 FRAME: 0116

RECORDED: 04/11/2006