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Electronic Version v1.1 Stylesheet Version v1.1

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	MERGER
EFFECTIVE DATE:	01/01/2005

CONVEYING PARTY DATA

Name	Formerly	Execution Date	Entity Type
Cooper Industries, Inc.		12/15/2004	CORPORATION: OHIO

RECEIVING PARTY DATA

Name:	Cooper Industries, LLC
Street Address:	600 Travis, Suite 5800
City:	Houston
State/Country:	TEXAS
Postal Code:	77002
Entity Type:	LIMITED LIABILITY COMPANY: DELAWARE

PROPERTY NUMBERS Total: 1

Property Type	Number	Word Mark
Serial Number:	75584535	QUICKREAD

CORRESPONDENCE DATA

Fax Number: (214)200-0558

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

Phone: 214-651-5066

Email: jeff.becker@haynesboone.com

Correspondent Name: Jeffrey M. Becker

Address Line 1: 901 Main Street, Suite 3100
Address Line 4: Dallas, TEXAS 75202-3789

ATTORNEY DOCKET NUMBER:	23667.194
NAME OF SUBMITTER:	Jeffrey M. Becker
Signature:	/Jeffrey M. Becker/

TRADEMARK REEL: 003310 FRAME: 0487

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Date:	05/17/2006
Total Attachments: 12	
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The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF MERGER, WHICH MERGES:

"COOPER INDUSTRIES, INC.", A OHIO CORPORATION,

WITH AND INTO "COOPER INDUSTRIES, LLC" UNDER THE NAME OF
"COOPER INDUSTRIES, LLC", A LIMITED LIABILITY COMPANY ORGANIZED
AND EXISTING UNDER THE LAWS OF THE STATE OF DELAWARE, AS
RECEIVED AND FILED IN THIS OFFICE THE SEVENTEENTH DAY OF
DECEMber, A.D. 2004, AT 10:50 O'CLOCK A.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE EFFECTIVE DATE OF THE AFORESAID CERTIFICATE OF MERGER IS THE FIRST DAY OF JANUARY, A.D. 2005, AT 12:05 O'CLOCK A.M.

Daniet Smith Hindson

Harriet Smith Windsor, Secretary of State **AUTHENTICATION:** 3602546

DATE: 01-07-05

3847751 8100M 050014958

State of Delaware Secretary of State Division of Corporations Delivered 11:28 AM 12/17/2004 FILED 10:50 AM 12/17/2004 SRV 040916288 - 3847751 FILE

CERTIFICATE OF MERGER

OF

Cooper Industries, Inc.

INTO

Cooper Industries, LLC

Pursuant to Sec. 18-209 of the Delaware Limited Liability Company Act, the undersigned surviving limited liability company submits the following Certificate of Merger for filing and certifies that:

FIRST: The name and jurisdiction of formation or organization of each of the limited liability companies or other business entities that are merging is:

Name Jurisdiction

Cooper Industries, Inc. Ohio
Cooper Industries, LLC Delaware

SECOND: A Merger Agreement has been approved and executed by each of the domestic limited liability companies or other business entities which are to merge.

THIRD: The name of the surviving limited liability company is: Cooper Industries, LLC.

FOURTH: The merger shall become effective on 12:05 a.m., January 1, 2005.

FIFTH: The Merger Agreement is on file at a place of business of the surviving limited liability company which is located at: Cooper Industries, LLC, 600 Travis, Suite 5800, Houston, TX 77002

SIXTH: A copy of the Merger Agreement will be firmished by the surviving limited liability company, on request and without cost, to any member of any domestic limited liability company or any person holding an interest in any other business entity which is to merge.

IN WITNESS WHEREOF, this Certificate of Merger has been duly executed as of the <u>i5</u> day of December, 2004, and is being filed in accordance with Sec. 18-209 of the Act by an authorized person of the surviving limited liability company in the merger.

COOOPER INDUSTRIES, LLC

Terrance V. Helz

Secretary

GNG-Sec/94-Corp Gov General/Cooper Ohio Reorganization/Cort Merger CII/CI LLC.doc

200435503150

DATE 12/20/2004 DOCUMENT ® 200435503150 DESCRIPTION

MERGED OUT OF EXISTENCE (MEX)

125 00

PENALTY

CERT

COPY

Receipt

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

C.T. CORPORATION SYSTEM 17 S. HIGH STREET COLUMBUS, OH 43215

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, J. Kenneth Blackwell

51595

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

COOPER INDUSTRIES, INC.

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

Document(s):

Document No(s):

MERGED OUT OF EXISTENCE

200435503150



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 1st day of January, A.D. 2005.

Ouneth Bachinece

Ohio Secretary of State



Prescribed by J. Kenneth Blackwell

Ohio Secretary of State Contral Ohio: (614) 466-3918 Toll Free: 1-877-SOS-FILE (1-877-767-3453)

Expedite	this Form: (Same One:
Mall Form	n to one of the Following:
Q Yes	PO Box 1390 Columbus, OH 43216
*** Requ	ires an additional fee of \$100 ***
_	PO Box 1329

Columbus, OH 43216

O No

www.state.on.us/scs

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

CERTIFICATE OF MERGER

(For Domestic or Foreign, Profit or Non-Profit)
Filing Fee \$125.00
(IS4-MER)

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:

Cooper Industries, LLC	
. Namo Change: As a resu	It of this merger, the name of the surviving entity has been changed to the following:
(Complete only it name of surv	ving entry is changing through the hierger)
. The surviving entity is a:	(Please check the appropriate box and fill in the appropriate blanks)
Domestic (Ohio) For-	Profit Corporation, charter number
· 🗔 Domestic (Chio) Non	-Profit Corporation, charter number
	exponsion incorporated under the laws of the state/country of act business in the State of Ohio under license number
	orporation incorporated under the laws of the state/country of d to transact business in the state of Ohio,
· 🔲 Domestic (Ohio) Limi	ted Liability Company, with registration number
	nited Liability Company organized under the laws of the state/country of siness in the State of Ohio under registration number
Foreign (Non-Ohio) Lin and NOT registered to	bited Liability Company organized under the laws of the state/country of
□ Domesto (Obio) Limit	ed Partnership, with registration number

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Foreign (Non-Onio) Limited Pennership organized to do business in the strain.		or the state/conntry or	
Domestic (Ohio) Partnership having šimite	ed liabitity, with the I	registration number	
☐ Foreign (Nor⊩Obio) Parinership having lis	mited liability organi	zed under the laws of চাৰ	state/country of
and registered	to do business in গ্রি	e state of Ohio under regi	stration number
Foreign (Non-Ohio) Non-Profit incorporation and licensed to transact business in the state			TOWN LINE
Foreign (Non-Ohio) Non-Profit incorparation and not licensed to transact business in the		state/county of	
☐ General partnership not registered with the	ne state of Ohio		
II. MERGING ENTITY The name, charter/sicense/registration number, ty respectively, of which is the entities merging out of all merging entities, please attach a separate she (Please list the Ohio charter, license/registrate)	of existence are as t set listing the merg	okows: (If this is insuffici ing entitles)	organization, ent space to reflect
Name / charter, license or registration number	,	Country of Organization	Type of Entity
Cooper Industries, Inc.	Obio		Corporation
Charter No. 51595			
I. MERGER AGREEMENT ON FILE The name and mailing address of the person or e agreement of marger upon written request:	nsity from whom/wh	ich eligible persons may (obtain a copy of the
Terrance V. Heiz	Cooper (n	dustries, LLC, 600 Tra	evis, Suite 5800
(name)	(5tr e et)	NOTE: P.O. Box Addresse	s are NOT acceptable.
Houston	тх	77002	
(city, village or township)	(star	9) (titi ten	jīz i
V. EFFECTIVE DATE OF MERGER This merger is to be effective on: 12:05 am-1/1 after the date of filing; the effective date of the me specified, the date of filing will be the effective date. V. MERGER AUTHORIZED	rger cannot be earl		
The laws of the state or country under which each This merger was adopted, approved and authorized the state under which it is organized, and the partition are duly authorized to do so.	ed by each of the c	onstituent entities in comp	siance with the laws

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TRADEMARK MBy 2002 REEL: 003310 FRAME: 0493

	erved is: CT Corporation System,	1300 East Ninth Street
	(name)	(street) NOTE: P.O. Box Addresses are NOT acceptable.
	Cleveland	. Ohio <u>44114</u>
	(city, vilage or township) tem MUST be completed if the surviving entity ized to conduct business in the state of Ohio)	(zp code) is a foreign entity which is not licensed, registered or otherwise
\$	CCEPTANCE OF AGENT he undersigned, named herein as the statutory a knowledges and accepts the appointment of st	agent for the above references surviving entity, hereby attriory agent for said entity.
	s	Signature of Agent
		surviving entities if through this merger the statutory agent has the name currently on record with the Secretary of State.)
ប ₁	TATEMENT OF MERGER pon filing, or upon such later date as specified h ited surviving entity	erein, the merging entity/entities listed herein shall merge into the
Tt ha	MENOMENTS ne articles of incorporation, articles of organization articles of organization articles of organization articles of carbon articles are provided. Attachments are provided.	on, certificate of Emited partnership or registration of partnership he surviving domestic entity have been amended. ☐ No Changes
	partnership, or partnership having kmited kabi bank, savings bank, savings and loan, limited fimited liability, and hereby appoints the follow	I SURVIVING ENTITY , savings bank, savings and toan, limited liability company, limited likty desires to transact business in Ohio as a foreign corporation, liability company, limited partnership, or partnership having ling as its statutory agent upon whom process, notice or demand of Ohio. The name and complete address of the statutory agent
	(name)	(Sirect) NOTE: P.O. Box Addresses are NOT acceptable.
		, Chio
		, OND

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business on Ohio expires or is canceled.

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REEL: 003310 FRAME: 0494

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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 timited liability's license or registration to do

(If the	nifying entity also states as follows: eign Notice Under Section 1703.t ne qualifying entity is a foreign bank st be completed.)	31	loan, then the follow	ing information		
(a.)	The name of the Foreign National association is	y/Federally chartered bank, sav	rings bank, or saving	s and loan		
(b.)	The name(s) of any Trade Name(s	s) under which the corporation	will conduct busines	s:		
(c.)	The location of the main office (not	n-Ohio) shall be:				
,	(street address)	NOTE: P.O. Se	ox Addresses are NOT	acceptable.		
	(city, township, or village)	(county)	(5late)	(Zip code)		
(d.)	The principal office location in the state of Ohio shall be:					
	(sired address)	NOTE: P.O. Bo	x Addresses ere NOT	eccepteble.		
	(cxy. township, or village)	(county)	Ohio (state)	(zip code)		
	(Please note, if there will not be	an office in the state of Ohlo	, please list none.}			
	The corporation will exercise the fo (Please provide a brief summary of			not sufficient)		
-				,		
2. Fore (If the	rign Qualifying Limited Llabillty C e qualifying entity is a foreign limite The name of the limited liability con	Company of liability company, the following	g information must t			
2. Fore (If the	rign Qualifying Limited Llabillty C e qualifying ensty is a foreign limite	Company of liability company, the following	g information must t			
2. Fore (If the (a.)	rign Qualifying Limited Llabillty C e qualifying ensty is a foreign limite	Company of liability company, the followin npany in its state of organization	g anformation must t n/registration is	e completed.)		

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LaSTRADEMARK REEL: 003310 FRAME: 0495

under the laws of the state/country of

	(Street address)	NOTE: P.O. B	lor Addresses are NOT	acceptable.
	(city, township, or village)		(state)	(zip code)
Fore (if th	eign Qualifying Limited Partnersh se cualifying entity is a foreign limite:	iip d partnership, the following in	formation must be co	rapleted).
(a.)	The name of the limited partnership) is		
(b.)	The limited partnership was formed	on	the distance	
(c.)	The address of the office of the limit	ted partnership in its state/co-	untry of organi≥ation	S:
,	(street address)	NOTE: P.Q. 8	or Addresses are NOT	acceptable.
	(city, lownship, or valage)	(county)	(state)	
	The limited partnership's principal of surest address)		lox Addresses are NOT	accep1able.
-	(alty, lownscap, or wilage)	(county)	(state)	(ZS code
(e.)	The names and business or resider follows:	nce addresses of the General	partners of the partn	ership are as
	Name	Address		
-		Managaman Indiana		
ulficii	ent space to cover this item, please altrich a	separate sheet listing the general p	anners and their respects	re aggresses i
(f.)	The address of the office where a limited partners and their respective	ist of the names and business	or residence addres	
-	(street address)	NO15: P.O. 8	ox Adoresses are NOT	accep (ab/e.

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The limited partnership hereby cartifies that it shall maintain said records until the registration of the limited partnership in Ohio is canceled or withdrawn.

.) Please complete the follow	wing appropriate section (either item b(l) or b(2)):	
(1.) The address of the p	astnership's principal office in Ohio is:	
(street address)	NOTE: P.O. Box Addresses are NO	IT acceptable.
	, Ohio	
(city, vihage or township)	⟨2)₽	cade)
(2.) The address of the p.	artnership's principal office (Non-Ohio):	
(sireet address)	NOTE: P.O. Box Addresses are NO	37 acceptable.
(city, township, or weage)	(312361	, (zip coze
	(state) a statutory agent for service of process in Ohio is as folk	. ,
.) The name and address of	· ·	W5:
.) The name and address of	a statutory agent for service of process in Ohio is as folk	W5:
i.) The name and address of	a statutory agent for service of process in Ohio is as folio HOTE: P.O. Box Addresses are NO	ws:
(name) (street address) (city, village or township)	a statutory agent for service of process in Ohio is as followed as the Note: P.O. Box Addresses are Note: Ohio	OT acceptable.

OHO48 - 6/13/00 CIT System Ordina

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.

Cooper Industries, LLC	Cooper Industries, Inc. /
(Exact name of entity) By:	(Exact name of entity) By: E Samil Linkton
By:	By: E Janil Long Mron
Its: Secretary	Hs: Vice President Taxes
Date: December 15, 2004	Date: December 15, 2004
(Exact name of entity)	(Exact name of entity)
Ву:	Ву:
its:	lts:
Date:	Date:
(Exact name of entity)	(Exact name of entity)
Ву:	Ву:
its:	its:
Date:	Date:
(Exact name of entity)	(Exact name of entity)
8y:	Ву:
its;	its:
Date:	Date:
(Exact name of entry)	(Exact name of entry)
Ву:	Ву:
lts:	ls:
Plate:	Pote

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REEL: 003310 FRAME: 0498

Complete the information in this section if box (1), (2)	or (3) is checked.
1,11	
In lieu of dissolution releases from various governme	AFFIDAVIT outs authorities (1701.86(H)/6) ORC)
III KED OS CIISSOICATORI TESERASES INORIS VALIDAS GOVERNAME	atter promote the manifest and
Cooper Industries, Inc.	
{Exact Name of	Corporation)
The undersigned, being first duly sworn, declares the	at on the dates indicated below, each of the named state the scheduled date of filing of the Certificate of Dissolution and
governmental agencies was advised in WKI timo or was advised IN WRITING of the adknowledgement b	by the corporation of the applicability of the provisions of Section
1701.95 of the ORC.	,
	5.5字中 5.1克里伊尼·
AGENCY	DATE NOTIFIED
Ohio Department of Taxation Dissolution Section	12-17-04
Box 182382	
Columbus, Ohio 43218-2382	
	12 17 04
Ohio Job and Family Services	12-17-04
Status & Liability Section	
P.O. 182404	
Columbus, Ohio 43218-2404	
The treasurer of any County named below:	
Cuyahoga	12-17-04
9T 11.	12-17-04
Hamilton	10-11-01
Ashtabula	(2-1 <u>7-04</u>
	13-17-04
Ohio Sureau of Workers' Compensation	19-11 o
30 W. Spring Street	
Columbus, Ohio 43215	
/ Note: This afādavit must be signed by one or more	persons executing the certificate of dissolution or by an officer of
the corporation.)	*
Br. & Dried Lordhin	AND AND CALL TO COLUMN
By Edward Frynnin	Tille: Vice President, Taxes
Name: E. Daniel Leightman	
COA Tomin Coire COAO	·
600 Travis, Suite 5800 (Street) NO	OTE: P.O. Box Addresses are NOT acceptable.
(20.850). Mr	JIE: F.O. DDX MCG183586 WE NOT ACCEPTED .
Houston	Texas 77002
(City)	(State) (Zip Code)
Sworn before me and subscribed in my presence on	December 17, 2004
	(Date)
League De La Company Company	
BARBARA A. WIDRA	Thomas (1.18) run
(() Hotely Public, State of Texas	(Notary Public)
My Correspondent European 10-07-2006	10 T 0001
(Commission Expires 10 - 1 - 300 6
(Notary Seal)	(Date)

Complete the information in this section if box (1), (2) ar	(3) is checked.
STATE OF TEXAS	
County of Harris :SS	
E. Daniel Leightman	, being first duly swom, deposes and says that she/he is
Vice President, Taxes of	Cooper Industries, Inc.
ানাও) that this affidavit is made in compliance with section That said corporation has (Check one of the following)	701.95 of the ORC:
A. has no personal property in any county i	n the State of Ohio:
B. personal property only in the following or	ounty(ies)
Cuyahoga Ham	ilton. Ashtabula
	Signature: 6 Pondaga Tora
Sworn before me and subscribed in my presence on BARBARA A. WIDRA Notiny Public, State of Texase Ny Commission Expires 10-07-2008	December 17, 2004 Barbara a-Wide (Notary Public)
(Notary Seal)	Commission Expires 10-7-3006

420022 - OKTAGH CT Systems Ondoor

Last Revised: June 2004

RECORDED: 05/17/2006

(Øate)