

**TRADEMARK ASSIGNMENT**

Electronic Version v1.1  
 Stylesheet Version v1.1

<b>SUBMISSION TYPE:</b>	NEW ASSIGNMENT		
<b>NATURE OF CONVEYANCE:</b>	CHANGE OF NAME		
<b>CONVEYING PARTY DATA</b>			
<b>Name</b>	<b>Formerly</b>	<b>Execution Date</b>	<b>Entity Type</b>
Dolphin Holdings, LLC		02/22/2007	CORPORATION: OHIO
<b>RECEIVING PARTY DATA</b>			
<b>Name:</b>	The Dolphin Company, LLC		
<b>Street Address:</b>	3201 ENTERPRISE PARKWAY, SUITE 370		
<b>City:</b>	BEACHWOOD		
<b>State/Country:</b>	OHIO		
<b>Postal Code:</b>	44122		
<b>Entity Type:</b>	LIMITED LIABILITY COMPANY: OHIO		
<b>PROPERTY NUMBERS Total: 1</b>			
<b>Property Type</b>	<b>Number</b>	<b>Word Mark</b>	
<b>Registration Number:</b>	1886838	HYDROARMOR	
<b>CORRESPONDENCE DATA</b>			
<b>Fax Number:</b>	(216)579-0212		
	<i>Correspondence will be sent via US Mail when the fax attempt is unsuccessful.</i>		
<b>Phone:</b>	216 586 1133		
<b>Email:</b>	pcyngier@jonesday.com		
<b>Correspondent Name:</b>	Pamela Cyngier		
<b>Address Line 1:</b>	901 Lakeside Avenue		
<b>Address Line 2:</b>	JONES DAY		
<b>Address Line 4:</b>	Cleveland, OHIO 44114		
<b>ATTORNEY DOCKET NUMBER:</b>	107345-605002 HYDROARMOR		
<b>NAME OF SUBMITTER:</b>	Pamela Cyngier		
<b>Signature:</b>	/Pamela Cyngier/		
<b>Date:</b>	04/02/2007		

CH \$40.00 1886838

Total Attachments: 3  
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DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
02/23/2007	200705401172	AMEND/ARTICLES- ORGANIZATION/DOM. LLC (LAM)	50.00	100.00	.00	.00	.00

**Receipt**

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

CT CORPORATION SYSTEM  
ATTN: TIMOTHY ROBERSON  
17 S. HIGH ST., SUITE 1100  
COLUMBUS, OH 43215

# STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jennifer Brunner

1667061

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

**THE DOLPHIN COMPANY, LLC**

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

Document(s)

AMEND/ARTICLES-ORGANIZATION/DOM. LLC

Document No(s):

200705401172



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 22nd day of February,  
A.D. 2007.

Ohio Secretary of State

12-29-06 06:05PM FROM-

716-285-6303

T-345 P.02/04 F-892



Prescribed by **J. Kenneth Blackwell**

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

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

Expedite this Form: (do not check)	
<input checked="" type="radio"/> Yes	PO Box 1390 Columbus, OH 43216 Requires an additional fee of \$100
<input type="radio"/> No	PO Box 1028 Columbus, OH 43216

**Limited Liability Company Certificate of Amendment / Restatement / Correction**  
(Domestic or Foreign)  
Filing Fee \$50.00

(CHECK ONLY ONE (1) BOX)

<input checked="" type="checkbox"/> (1) Domestic Limited Liability Company Amendment (129-LAM) <input type="checkbox"/> Restatement (142-LRA) 12/19/2006 <i>(Date of Organization)</i>	<input type="checkbox"/> (2) Foreign Limited Liability Company Correction (135-LFC)  _____ <i>(Name State)</i>
_____ <i>(Qualifying in Ohio on MM/DD/YY)</i>	

The undersigned authorized representative of Dolphin Holdings, LLC 1667061  
*(Name) (Registration Number)*

The above stated Limited Liability Company does hereby certify that the undersigned is duly authorized to execute this certificate, and hereby certifies that the above named Limited Liability Company  Amend  Restate  Correct the following

Complete the information in this section if box (1) Restatement is checked, all sections below must be completed. If box (1) Amendment or box (2) Correction is checked only complete sections that applies.

FIRST: The name of said limited liability company shall be:  
The Dolphin Company, LLC  
*(the name must include the words "limited liability company", "limited", "Ltd", "LLC", or "L.L.C.")*

SECOND: (OPTIONAL) This limited liability company shall exist for a period of \_\_\_\_\_

THIRD: The address to which interested persons may direct requests for copies of any operating agreement and any bylaws of this limited liability company is (OPTIONAL):  
 \_\_\_\_\_  
*(street address) NOTE: P.O. Box Addresses are NOT acceptable.*  
 \_\_\_\_\_  
*(city, township, or village) (state) (zip code)*

Please check if additional provisions attached hereto are incorporated herein and made a part of these articles of organization

FOURTH: Purpose (OPTIONAL)  
 \_\_\_\_\_  
 \_\_\_\_\_

2007 FEB 22 PM 4:52  
RECEIVED  
SECRETARY OF STATE  
CLERK SERVICE CENTER

12-28-06 06:05PM FROM-

716-285-6303

T-345 P.03/04 F-882

**Complete the information in this section if box (2) is checked and the Limited Liability Company wants to appoint a statutory agent.**

The limited liability company hereby appoints the following as its agent upon whom process against the limited liability company may be served in the state of Ohio. The name and complete address of the agent is:

\_\_\_\_\_  
 (Name)


\_\_\_\_\_  
 (Street) **NOTE: P.O. Box Addresses are NOT acceptable.**

\_\_\_\_\_  
 (City, village or township) **Ohio** \_\_\_\_\_  
 (State) (Zip Code)

The limited liability company irrevocably consents to service of process on the agent listed above as long as the authority of the agent continues, and to service of process upon the OHIO SECRETARY OF STATE if:

A. the agent cannot be found or,  
 B. the limited liability company fails to designate another agent when required to do so, or,  
 C. the limited liability company's registration to do business in Ohio expires or is cancelled.

**REQUIRED**  
 Must be authenticated (signed)  
 by an authorized representative  
 (See Instructions)

  
 Authorized Representative  
 Jonathan Hatch

  
 Date

\_\_\_\_\_  
 Authorized Representative

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Authorized Representative

\_\_\_\_\_  
 Date