TRADEMARK ASSIGNMENT

Electronic Version v1.1 Stylesheet Version v1.1

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	CHANGE OF NAME

CONVEYING PARTY DATA

Name	Formerly	Execution Date	Entity Type
Dolphin Holdings, LLC		02/22/2007	CORPORATION: OHIO

RECEIVING PARTY DATA

Name:	The Dolphin Company, LLC
Street Address:	3201 ENTERPRISE PARKWAY, SUITE 370
City:	BEACHWOOD
State/Country:	ОНЮ
Postal Code:	44122
Entity Type:	LIMITED LIABILITY COMPANY: OHIO

PROPERTY NUMBERS Total: 1

Property Type	Number	Word Mark
Registration Number:	1886838	HYDROARMOR

CORRESPONDENCE DATA

Fax Number: (216)579-0212

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

Phone: 216 586 1133

Email: pcyngier@jonesday.com

Correspondent Name: Pamela Cyngier
Address Line 1: 901 Lakeside Avenue

Address Line 2: JONES DAY

Address Line 4: Cleveland, OHIO 44114

ATTORNEY DOCKET NUMBER:	107345-605002 HYDROARMOR
NAME OF SUBMITTER:	Pamela Cyngier
Signature:	/Pamela Cyngier/
Date:	04/02/2007

TRADEMARK

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> TRADEMARK REEL: 003512 FRAME: 0842

DATE: 02/23/2007

DOCUMENT ID 200705401172

DESCRIPTION AMEND/ARTICLES-ORGANIZATION/DOM. LLC (LAM) FILING 50.00

EXPED 100.00 PENALTY

CERT

COPY

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)

Document No(s):

200705401172

AMEND/ARTICLES-ORGANIZATION/DOM. LLC

TO STATE OF THE PARTY OF THE PA

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

ninger Br

12-28-06 06:05PM FROM-

716-285-6303

T-345 P.02/04 F-982

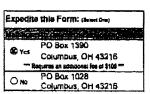


Prescribed by J. Kenneth Blackwell

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

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

FOURTH: Purpose (OPTIONAL)



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

(CHECK ONLY ONE (1) BOX) (1) Domestic Limited Liability Company

Amendment (129-LAM) (2) Foreign Limited Liability Company
Correction (135-LFC) Restatement (142-LRA) 12/19/2006 (Hame State) (Qualifying in Ohio on HM/DD/YY) (Date of Organization) Dolphin Holdings, LLC The undersigned authorized representative of 1667061 (Name) (Registration Number) The above stated Limited Liability Company does hereby certify that the undersigned is duly authorized to execute this conflicate, and hereby conflict 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.", "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): 301/1 NOTE: P.O. Box Addresses are NOT acceptable (street aggress) **CELLTER** E STATE (City, township, or village) (state) Please check of additional iprovisions attached hereto are incorporated herein and made a part of these arpides of organization

CHESTS - BETS DAILY C T System Online	Bane .
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complete the information in thi ppoint a statutory agent	s section if box (2) is checked and the	Limited Liability Co	ompany wai	nts to	
he limited liability company here ompany may be served in the st	by appoints the following as its agent upon ate of Ohio. The name and complete ad	on whom process ag	zinst (ne limi	led hebility	
(Name)					
(\$1/601)	NOTE: P.O. Box Addresses are NOT accept	tole.			
(City, vittage or township)	Ohio (State)	(Zp Code)			
A. the agent continues, a B. the limited liability	ocably consents to service of process on and to service of process upon the OHIO e found or, company falls to designate another a company's registration to do busines	SECRETARY OF S	TATE If		
					-
REQUIRED fust be authorized (signed) y an authorized representative	Authorized Representative		12/28/ Date	62	
(See Instructions)	Jonathan Hatch			·	
			Date		
	Authorized Representative				
	Authorized Representative Authorized Representative		Date	3	·····
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