

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
Topco Associates, Inc.		10/29/2001	CORPORATION: WISCONSIN
RECEIVING PARTY DATA			
Name:	Topco Holdings, Inc.		
Street Address:	7711 Gross Point Road		
City:	Skokie		
State/Country:	ILLINOIS		
Postal Code:	60077		
Entity Type:	CORPORATION: WISCONSIN		
PROPERTY NUMBERS Total: 6			
Property Type	Number	Word Mark	
Registration Number:	1436130	TOP CARE	
Registration Number:	2057673	WORLD CLASSICS	
Registration Number:	2059625	PET CLUB	
Registration Number:	2066247	TOP CARE	
Registration Number:	2070009	TC	
Registration Number:	2071965	TC	
CORRESPONDENCE DATA			
Fax Number:	(312)827-8185		
	<i>Correspondence will be sent via US Mail when the fax attempt is unsuccessful.</i>		
Phone:	312-807-4272		
Email:	trademarks@bellboyd.com, vswanson@bellboyd.com		
Correspondent Name:	Carol A. Genis		
Address Line 1:	P.O. Box 1135		
Address Line 4:	Chicago, ILLINOIS 60690-1135		
ATTORNEY DOCKET NUMBER:	114481-2		

CH \$165.00 1436130

NAME OF SUBMITTER:	Carol A. Genis
Signature:	/carol a genis/
Date:	04/13/2007
Total Attachments: 4 source=topco name change#page1.tif source=topco name change#page2.tif source=topco name change#page3.tif source=topco name change#page4.tif	

Form **BCA-13.40**
(Rev. Jan. 1999)

**APPLICATION FOR AMENDED
CERTIFICATE OF AUTHORITY TO
TRANSACTION BUSINESS IN ILLINOIS**

File # 0675-310-8

Jesse White
Secretary of State
Department of Business Services
Springfield, IL 62756
Telephone (217) 782-1837
http://www.sos.state.il.us

FILED

MAY 23 2002

JESSE WHITE
SECRETARY OF STATE

SUBMIT IN DUPLICATE

This space for use by
Secretary of State

Date 5-23-02

Filing Fee \$ 25.00

Approved: [Signature]

Remit payment in check or money
order payable to "Secretary of State."

- 1. (a) CORPORATE NAME: Topco Associates, Inc. (Cooperative)
- (b) If changed, NEW CORPORATE NAME: Topco Holdings, Inc. (Cooperative)
- (c) (Complete only if the new corporate name is not available in this state.)
ASSUMED CORPORATE NAME: _____
(By electing this assumed name, the corporation hereby agrees NOT to use its corporate name in the transaction of business in Illinois. Form BCA 4.15 is attached.)

- 2. (a) State or Country of Incorporation: Wisconsin
- (b) If changed, Period of Duration: No change

- 3. If changed, Purpose or Purposes proposed to be pursued in transacting business in this State:
(If not sufficient space to cover this point, use reverse side or add one or more sheets of this size.)
No change

4. This application is accompanied by a copy of the articles of Amendment to the Articles of Incorporation, if any, as evidence of any change of name, duration or purpose reported herein, such copy being duly authenticated by the proper officer of the state or country wherein the corporation is incorporated, which certification is not more than ninety (90) days old. The filing fee for the certified copy of the Articles of Amendment is \$25 unless the amendment acts as a restatement of the Articles of Incorporation, in which case the filing fee is \$100. In the event the statutory change was affected in a merger, a certified copy of the merger is required, plus applicable fee.

5. The undersigned corporation has caused this statement to be signed by its duly authorized officers, each of whom affirms, under penalties of perjury, that the facts stated herein are true. (All signatures must be in **BLACK INK**.)

Dated April 30, 2002
(Month/Day) (Year)

attested by [Signature]
(Signature of Secretary or Assistant Secretary)

Steven K. Lauer
(Type or Print Name and Title)

Topco Holdings, Inc. (Cooperative)
(Exact Name of Corporation)

by [Signature]
(Signature of President or Vice President)

Steven K. Lauer
(Type or Print Name and Title)

C-198.8



DEPARTMENT OF FINANCIAL INSTITUTIONS

To All to Whom These Presents Shall Come, Greeting:

I, RAY ALLEN, Administrator, Division of Corporate & Consumer Services, Department of Financial Institutions, do hereby certify that the annexed copy has been compared with the document on file in the Corporation Section of the Division of Corporate & Consumer Services of this department, and that the same is a true copy thereof; and that I am the legal custodian of said document, and that this certification is in due form.



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the official seal of the Department.

A handwritten signature in black ink, appearing to read 'Ray Allen'.

RAY ALLEN, Administrator
Division of Corporate & Consumer Services
Department of Financial Institutions

DATE: APR 22 2002

BY: A handwritten signature in black ink, appearing to read 'Cathy Mickelson'.

Effective July 1, 1996, the Department of Financial Institutions assumed the functions previously performed by the Corporations Division of the Secretary of State and is the successor custodian of corporate records formerly held by the Secretary of State.

REV Fee - 4/15/02

PLEASE READ INSTRUCTIONS ON
THE REVERSE BEFORE ATTEMPTING
TO COMPLETE THIS FORM.

COOPERATIVE AMENDMENT

04 4702357

State the article number to be amended and the amendment language below:

Resolved, That

Article I of the articles of incorporation be and it is amended to read as follows:

ARTICLE I

The name of this Association shall be Topco Holdings, Inc. (Cooperative). Its location shall be in the Village of Skokie, Cook County, Illinois; and its registered agent shall be CT Corporation System, whose address is 222 West 44 East Michi Washington Avenue, Madison, Wisconsin 53703. This Association is a cooperative, incorporated under Section 185 of the Wisconsin statutes. ACCT 00011149 CLASS CODE 310

TRX 0001642708 Amount \$10.00

4/11/02
clerks Susan Hankinson
CT, Chicago
713

The undersigned officers of Topco Associates, Inc. (Cooperative) a Wisconsin cooperative with principal office in Skokie County, Illinois, Dane County (County, Wisconsin) do CERTIFY that:

1. The foregoing amendment of the articles of association of said cooperative was adopted on the 29th day of October, 2001, by the following vote:

FINANCIAL INSTITUTIONS
STATE OF WISCONSIN

Classes of members
Common
PH 3:
02 APR 11

Number of Members
having voting rights
26

Number voting
FOR | AGAINST
24 | 0
ACCT 00011149 CLASS CODE 340
TRX 0001642710 Amount \$25.00

Executed in duplicate, dated and seal (if any) affixed this April day of 2002.

(Affix seal or state that there is none)

There is no seal.

John K. Jones
President

John K. Jones
Secretary

This document was drafted by Outside Wisconsin
(Please print or type the name of the individual - sec. 182.01(3), Wis. Stats.)

SEE FEES AND INSTRUCTIONS ON THE REVERSE SIDE

-13-

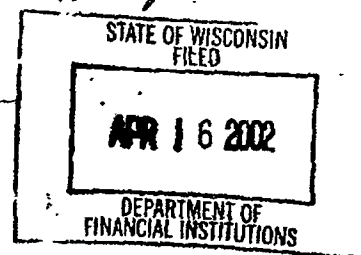
COOPERATIVE AMENDMENT

Use Form Hect #11149

Change Name of Cooperative

\$10.00 plus \$0.25 Ex. Fee

ATTN: Tammy
C T CORPORATION SYSTEM
44 E MIFFLIN ST
MADISON WI 53703



Please indicate where you would like the acknowledgment copy of the filed document sent. Please include complete name and mailing address.

Your telephone number during the day: (608) 759 - 7319

INSTRUCTIONS

- A. An amendment of articles lawful under s. 185.05 may be adopted at a meeting of the members by an affirmative vote of two-thirds of the votes cast, unless the articles require a greater vote or stockholders are entitled by s. 185.52 to vote on the amendment. If the amendment includes a change of corporate name, the new corporate name must include the word "cooperative" or an abbreviation thereof.
- B. The document is to be signed by the cooperative's PRESIDENT (or vice-president) and SECRETARY (or assistant secretary), and the corporate seal affixed. If the cooperative does not have a seal, enter the remark "No Seal." Manual, handwritten or stamped signatures are required. Carbon copy, photo copy, or electrostatic signatures are not acceptable.
- C. Submit in **DUPLICATE ORIGINAL**. Furnish the Department of Financial Institutions two copies of the document. (Mailing address: Department of Financial Institutions, P.O. Box 7846, Madison WI, 53707. If sent by Express or Priority US mail, address to 345 W. Washington Avenue, 3rd Floor, Madison WI 53703.) One copy will be retained by the Department of Financial Institutions and the other copy transmitted directly to the Register of Deeds of the county named in this document, together with your check for the recording fee. When the document has been recorded, it will be returned to the address you provided above.
- D. Two SEPARATE REMITTANCES are required.
 - 1) Send a FILING FEE of \$10, payable to the DEPARTMENT OF FINANCIAL INSTITUTIONS. If the amendment increases stock, provide an additional fee of \$1.25 for each \$1,000 on the increase. Your canceled check is your receipt for fee payment.
 - 2. Send a RECORDING FEE of \$12, by a separate check, payable to REGISTER OF DEEDS of the county named in this document as the county within which the cooperative's principal office (or registered agent) is located. If this document effects a change of the address of the corporation's principal office from one county to another, submit a TRIPLICATE document, and a recording fee for each county.

If you have any additional questions, please contact the Division of Corporate and Consumer Services at 608/261-9555.