SHEET

U.S. DEPARTMENT OF COMMERCE

FORM PTO-1594 (Substitute)\	SHEET U.S. DEPARTMENT OF COMMERCE  U.S. Patent and Trademark Office				
To the Director of the U.S. Patent and 1034416	ned original documents or copy thereof.				
Name of conveying party(ies):	2. Name and address of receiving party(ies):				
Mellon Financial Corporation	Name: The Bank of New York Mellon Corporation				
☐ Individual ☐ Association ☐ General Partnership ☐ Limited Partnership ☑ Corporation-State ☐ Other: ☐	Address: One Mellon Bank Center				
Additional name(s) of conveying party(ies) attached?   Yes   No	City: <u>Pittsburgh</u> State: <u>PA</u> Zip: <u>15258</u>				
Nature of conveyance:	☐ Individual(s) citizenship				
☐ Assignment ☐ Merger ☐ Security Agreement ☐ Change of Name ☐ Other	□ Association □ General Partnership □ Limited Partnership □ Corporation-State Delaware □ Other □				
Execution Date: July 1, 2007	If assignee is not domiciled in the United States, a domestic representative designation is attached: Yes No (Designations must be a separate document from assignment.)				
	Additional name(s) & address(es) attached?  Yes No				
Application number(s) or trademark registration number(	· •				
A. Trademark Application No(s).	B. Trademark Registration No(s).				
76/571,128	ı uched? ☐ Yes ☒ No				
**************************************					
<ol><li>Name and address of party to whom correspondence concerning document should be mailed:</li></ol>	6. Total number of applications and registrations involved:  1				
Name: Frederick H. Colen	7. Total fee (37 CFR 2.6(b)(6)): \$_40				
REED SMITH LLP	<ul> <li>Enclosed</li> <li>Authorized to be charged to deposit account 18-0582</li> <li>Charge any deficiency to deposit account</li> </ul>				
Address: P.O. Box 488	8. Deposit account number:				
	18-0582				
City: <u>Pittsburgh</u> State: <u>PA</u> Zip: <u>15230</u>	(Attach duplicate copy of this page if paying by deposit account)				
DO NOT USE THIS SPACE					
9. Statement and signature To the best of my knowledge and belief, the foregoing in true and correct copy of the original document.	nformation is true and correct and any attached copy is a				
Name of Person Signing	August 27, 2007 Signature Date				
Total number of pages including cover sheet, attachments, and document: 6					

Mail documents to be recorded with required cover sheet information to: Mail Stop Assignment Recordation Services, Director of the U.S. Patent and Trademark Office, P.O. Box 1450, Alexandria, VA 22313-1450 00000074 180582 76571128

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08-29-2007

Entity #: 3734534 Date Filed: 06/29/2007 Effective Date: 07/01/2007 Pedro A. Cortés Secretary of the Commonwealth

## PENNSYLVANIA DEPARTMENT OF STATE **CORPORATION BUREAU**

		tificate of M Pa.C.S.)	егдег			
	Domestic	Business Co Nonprofit Co Partnership (§	orporation (			
Name Addre	ST CORP-COUNTER		one hee	iress vou e Commony	returned to the nter to the left /ealth of Penns ERGER-BUSINE	Ivlvania
	State Zip C				0718087082	
consol	In compliance with the requirements of thi idation), the undersigned, desiring to effect	e applicable p a merger, here	rovisions (reby state the	elating to	articles of me	rger or
1. Th	e name of the corporation surviving the men	rger is: <u>Th</u>	e Bank of N	lew York	Mellon Corpo	ration
2. (C	heck and complete one of the following): The surviving corporation is a domestic by registered office in this Commonwealth or and the county of venue is (the Department information to conform to the records of the (a)	r (b) name of i nt is hereby au	ts commerce thorized to	ial registe	red office pro	ent vider
	Number and Street	City	State	Zip	County	
<u>x</u>	(b) c/o  Name of Commercial Registered of The surviving corporation is a qualified for of Delaware and the (a) address of its curn of its commercial registered office provide authorized to correct the following informatical	reign business ent registered er and the cour	corporation office in the contract of venue	is Commo is (the D	rated under the nwealth or (b) epartment is h	name ereby
	Number and Street	City	State	Zip	County	
	(b) c/o CT Corporation				Alleg	
	Name of Commercial Registered ( The surviving corporation is a nonqualified laws of and the surviving corporation is a nonqualified laws of and the surviving corporation is a nonqualified laws of and the surviving corporation is a nonqualified laws of and the surviving corporation is a nonqualified laws of and the surviving corporation is a nonqualified laws of and the surviving corporation is a nonqualified laws of and the surviving corporation is a nonqualified laws of and the surviving corporation is a nonqualified laws of and the surviving corporation is a nonqualified laws of and the surviving corporation is a nonqualified laws of and the surviving corporation is a nonqualified laws of and the surviving corporation is a nonqualified laws of and the surviving corporation is a nonqualified laws of and the surviving corporation is a nonqualified laws of and the surviving corporation is a nonqualified laws of and the surviving corporation is a surviving corporation of the surviving cor	d foreign busi	ness corpor	ation incom office und	Co rporated under der the laws or	unty r the f such

City

State

Zip

County

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domicilliary jurisdiction is:

Number and Street

**TRADEMARK REEL: 003616 FRAME: 0034** 

3. The name and address of the registered office in this Commonwealth and the name of its commercial registered office provider and the county of venue of each other domestic business corporation and qualified foreign business corporation which is a party to the plan of merger are as follows: Name Address of Registered Office or Name of Commercial Registered Office Provider County							
Mellon Financial Corporation One Mellon Bank Center, Pittsburgh, PA 15258, Allegheny County							
4. (Check, and if appropriate complete, one of the following):							
The plan of merger shall be effective upon filing these Articles/Certificate of Merger in the Department of State							
X The plan of merger shall be effective on July 1, 2007 at 12:01 am  Date Hour							
5. The manner in which the plan of merger was adopted by each domestic corporation is as follows:							
Name Manner of adoption	<u>or</u>						
Mellon Financial Corporation  Adopted by the directors and shareholders pursuant to 15 Pa.C.S. § 1924(a)							
6. The plan was authorized, adopted or approved, as the case may be, by the foreign business corporation party to the plan in accordance with the laws of the jurisdiction in which it is incorporated							
7. (Check, and if appropriate complete, one of the following):							
The plan of merger is set forth in full in Exhibit A attached hereto and made a part hereof.							
Pursuant to 15 Pa.C.S. § 1901/§ 8547(b) (relating to omission of certain provisions from filed plans) the provisions, if any, of the plan of merger that amend or constitute the operative Articles of Incorporation of the surviving corporation as in effect subsequent to the effective date of the plan are set forth in full in Exhibit A attached hereto and made a part thereof. The full text of the plan of merger is on file at the principal place of business of the surviving corporation, the address of which is:							
One Wall Street. Number and Street	New York, New York, 10286 City State Zip						

IN TESTIMONY WHEREOF, each undersigned corporation has caused these Articles of Merger to be signed by a duly authorized officer thereof this 200 day of \_\_\_\_\_\_\_\_. 2007

MELLON FINANCIAL CORPORATION

By I white Kelly
Title CHAIRMAN, (RETIDEAT + CHIEF
GREENING OFFICE

THE BANK OF NEW YORK MELLON CORPORATION

By Robert PKllys
Title CHIEF EXECUTIVE OFFICER

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**RECORDED: 08/29/2007**