

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
Alpha Security Products, Inc.		10/31/2007	CORPORATION:
RECEIVING PARTY DATA			
Name:	Invue Security Products Inc.		
Street Address:	15015 Lancaster Highway		
City:	Charlotte		
State/Country:	NORTH CAROLINA		
Postal Code:	28277-2010		
Entity Type:	CORPORATION:		
PROPERTY NUMBERS Total: 1			
Property Type	Number	Word Mark	
Registration Number:	2803052	SECURE-HOOK	
CORRESPONDENCE DATA			
Fax Number:	(330)244-1174		
	<i>Correspondence will be sent via US Mail when the fax attempt is unsuccessful.</i>		
Phone:	330-244-1174		
Email:	info@sandandsebolt.com		
Correspondent Name:	Joseph A. Sebolt		
Address Line 1:	4940 Munson Street, N. W.		
Address Line 2:	Aegis Tower - Suite 1100		
Address Line 4:	Canton, OHIO 44718-3615		
ATTORNEY DOCKET NUMBER:	2441042US1AT		
NAME OF SUBMITTER:	Joseph A. Sebolt		
Signature:	/josephasebolt/		
Date:	12/28/2007		

OP \$40.00 2803052

Total Attachments: 3
source=Invue#page1.tif
source=Invue#page2.tif
source=Invue#page3.tif



DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
11/06/2007	200730903512	DOMESTIC/AMENDMENT TO ARTICLES (AMD)	.00	.00	.00	.00	.00

Receipt

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

CT CORPORATION SYSTEM
 4400 EASTON COMMONS WAY
 SUITE 125
 COLUMBUS, OH 43219

STATE OF OHIO
CERTIFICATE

Ohio Secretary of State, Jennifer Brunner

682470

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

INVUE SECURITY PRODUCTS INC.

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

Document(s)

DOMESTIC/AMENDMENT TO ARTICLES

Document No(s):

200730903512



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 November,
 A.D. 2007.

Ohio Secretary of State



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

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

Expedite this Form: (select one)	
<input checked="" type="radio"/> Yes	PO Box 1380 Columbus, OH 43216 <small>** Requires an additional fee of \$100 **</small>
<input type="radio"/> No	PO Box 1329 Columbus, OH 43216

**Certificate of Amendment by
Shareholders or Members
(Domestic)
Filing Fee \$50.00**

(CHECK ONLY ONE (1) BOX)

(1) Domestic for Profit <input type="checkbox"/> Amended (122-AMAP)	<input checked="" type="checkbox"/> Amendment (125-AMDS)	(2) Domestic Non-Profit <input type="checkbox"/> Amended (126-AMAN)	<input type="checkbox"/> Amendment (128-AMD)
--	---	--	---

Complete the general information in this section for the box checked above.

Name of Corporation Alpha Security Products, Inc.

Charter Number 682470

Name of Officer Andrew W. Moock

Title Executive Vice President

Please check if additional provisions attached.

The above named Ohio corporation, does hereby certify that:

A meeting of the shareholders directors (non-profit amended articles only)

members was duly called and held on _____ (Date)

at which meeting a quorum was present in person or by proxy, based upon the quorum present, an affirmative vote was cast which entitled them to exercise _____ % as the voting power of the corporation.

In a writing signed by all of the shareholders directors (non-profit amended articles only)

members who would be entitled to the notice of a meeting or such other proportion not less than a majority as the articles of regulations or bylaws permit.

Clause applies if amended box is checked.

Resolved, that the following amended articles of incorporation be and the same are hereby adopted to supercede and take the place of the existing articles of incorporation and all amendments thereto.

CLIENT SECRETARY
2007 NOV - 1 PM 3:26
RECEIVED
SECRETARY'S OFFICE

COPY

All of the following information must be completed if an amended box is checked.
If an amendment box is checked, complete the areas that apply.

FIRST: The name of the corporation is: Invue Security Products, Inc.

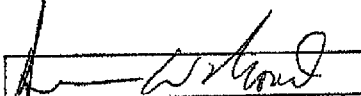
SECOND: The place in the State of Ohio where its principal office is located is in the City of:

(city, village or township) (county)

THIRD: The purposes of the corporation are as follows:

FOURTH: The number of shares which the corporation is authorized to have outstanding is: _____
(Does not apply to box (2))

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



Authorized Representative

10/31/07

Date

Andrew W. Mook, Executive Vice President

(Print Name)

Authorized Representative

Date

(Print Name)