

**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>
Essef Corporation		10/25/2004	CORPORATION: OHIO
<b>RECEIVING PARTY DATA</b>			
<b>Name:</b>	Pentair Water Treatment (OH) Company		
<b>Street Address:</b>	220 Park Drive		
<b>City:</b>	Chardon		
<b>State/Country:</b>	OHIO		
<b>Postal Code:</b>	44024		
<b>Entity Type:</b>	CORPORATION: OHIO		
<b>PROPERTY NUMBERS Total: 2</b>			
<b>Property Type</b>	<b>Number</b>	<b>Word Mark</b>	
Registration Number:	2256901	WELL MATE	
Registration Number:	1680233	ROMATE	
<b>CORRESPONDENCE DATA</b>			
<b>Fax Number:</b>	(330)376-4577		
	<i>Correspondence will be sent via US Mail when the fax attempt is unsuccessful.</i>		
<b>Phone:</b>	330-376-2700		
<b>Email:</b>	tlink@ralaw.com		
<b>Correspondent Name:</b>	Terrence H. Link II		
<b>Address Line 1:</b>	222 S. Main St.		
<b>Address Line 2:</b>	Roetzel & Andress		
<b>Address Line 4:</b>	Akron, OHIO 44308		
<b>ATTORNEY DOCKET NUMBER:</b>	067920.2396		
<b>NAME OF SUBMITTER:</b>	Terrence H. Link II		
<b>Signature:</b>	/thl/		

**CH \$65.00 2256901**

Date:

07/14/2008

Total Attachments: 3

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DATE	DOCUMENT ID	DESCRIPTION	FLING	EXPED	PENALTY	CERT	COPY
11/15/2004	200431702424	DOMESTIC/AMENDMENT TO ARTICLES (AMD)	50.00	100.00	.00	.00	.00

**Receipt**

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

C.T. CORPORATION SYSTEM  
17 S. HIGH STREET  
COLUMBUS, OH 43215

**STATE OF OHIO  
CERTIFICATE**

**Ohio Secretary of State, J. Kenneth Blackwell**

**242157**

It is hereby certified that the Secretary of State of Ohio has custody of the business records for  
**PENTAIR WATER TREATMENT (OH) COMPANY**  
and, that said business records show the filing and recording of:

Document(s)  
**DOMESTIC/AMENDMENT TO ARTICLES**

Document No(s):  
**200431702424**



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 12th day of November,  
A.D. 2004.

*J. Kenneth Blackwell*  
Ohio Secretary of State



Prescribed by J. Kenneth Blackwell

Ohio Secretary of State  
Central Ohio: (614) 468-3910  
Toll Free: 1-877-SOS-FILE (1-877-767-3453)

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

Expedite this Form: (please check)	
<input checked="" type="radio"/> Yes	PO Box 1390 Columbus, OH 43216 Requires an additional fee of \$90 ***
<input type="radio"/> No	PO Box 1028 Columbus, OH 43216

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

(CHECK ONLY ONE (1) BOX)

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

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

Name of Corporation Essif Corporation

Charter Number 242157

Name of Officer Louis L. Airdworth

Title Secretary

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.

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: Parma Water Treatment (OH) Company

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)

Louis L. Ainsworth  
Authorized Representative

October 25, 2004  
Date

Louis L. Ainsworth  
(Print Name)  
Secretary

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

\_\_\_\_\_  
Date

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