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
Onstar Corporation		11/25/2008	CORPORATION: DELAWARE

RECEIVING PARTY DATA

Name:	Onstar, LLC
Street Address:	400 Renaissance Center
City:	Detroit
State/Country:	MICHIGAN
Postal Code:	48265-4000
Entity Type:	LIMITED LIABILITY COMPANY: DELAWARE

PROPERTY NUMBERS Total: 12

Property Type	Number	Word Mark
Serial Number:	77545545	AUTOMATIC CRASH RESPONSE
Serial Number:	77609494	CARCALENDAR
Registration Number:	2745045	DIRECTIONS AND CONNECTIONS
Registration Number:	2728168	LUXURY AND LEISURE
Registration Number:	2485521	ON
Registration Number:	2556316	ON STAR
Registration Number:	2088310	ONSTAR
Registration Number:	3365669	ON
Serial Number:	77517572	RADIOMARKS
Registration Number:	2921399	SAFE & SOUND
Serial Number:	77546837	START INHIBIT
Registration Number:	3461839	STOLEN VEHICLE SLOWDOWN

CH $315.00 77545545

CORRESPONDENCE DATA

Fax Number: (313)665-4976
Correspondence will be sent via US Mail when the fax attempt is unsuccessful.
Phone: 313-665-0950
Email: karen.a.merkle@gm.com
Correspondent Name: Karen A. Merkle
Address Line 1: 300 Renaissance Center
Address Line 2: MC#482-C23-B21
Address Line 4: Detroit, MICHIGAN 48265-3000

NAME OF SUBMITTER:	Karen A. Merkle
Signature:	/KAM/
Date:	01/15/2009

Total Attachments: 4
source=OnStar_L#page1.tif
source=OnStar_L#page2.tif
source=OnStar_L#page3.tif
source=OnStar_L#page4.tif

Delaware

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE DO HEREBY CERTIFY THAT THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF CONVERSION OF A DELAWARE CORPORATION UNDER THE NAME OF "ONSTAR CORPORATION" TO A DELAWARE LIMITED LIABILITY COMPANY, CHANGING ITS NAME FROM "ONSTAR CORPORATION" TO "ONSTAR, LLC", FILED IN THIS OFFICE ON THE TWENTY-FIFTH DAY OF NOVEMBER, A.D. 2008, AT 5:41 O'CLOCK P.M.

SECRETARY'S OFFICE · THE DELAWARE 1897

Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

3136554 8100V

AUTHENTICATION: 6989932

081146483

DATE: 11-26-08

You may verify this certificate online at corp.delaware.gov/authver.shtml

State of Delaware
Secretary of State
Division of Corporations
Delivered 05:41 PM 11/25/2008
FILED 05:41 PM 11/25/2008
SRV 081146483 - 3136554 FILE

STATE OF DELAWARE
CERTIFICATE OF CONVERSION
FROM A CORPORATION TO A
LIMITED LIABILITY COMPANY PURSUANT TO
SECTION 18-214 OF THE LIMITED LIABILITY ACT

1.) The jurisdiction where the Corporation first formed is Delaware.

2.) The jurisdiction immediately prior to filing this Certificate is Delaware.

3.) The date the corporation first formed is December 7, 1999.

4.) The name of the Corporation immediately prior to filing this Certificate is OnStar Corporation.

5.) The name of the Limited Liability Company as set forth in the Certificate of Formation is OnStar, LLC.

IN WITNESS WHEREOF, the undersigned have executed this Certificate on the 25th day of November, A.D. 2008.

By: Barbara A. Lister-Tait
Authorized Person

Name: Barbara A. Lister-Tait
Print or Type

Delaware

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE DO HEREBY CERTIFY THAT THE ATTACHED IS A TRUE AND CORRECT COPY OF CERTIFICATE OF FORMATION OF "ONSTAR, LLC" FILED IN THIS OFFICE ON THE TWENTY-FIFTH DAY OF NOVEMBER, A.D. 2008, AT 5:41 O'CLOCK P.M.

Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

3136554 8100V

AUTHENTICATION: 6989932

081146483

DATE: 11-26-08

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CERTIFICATE OF FORMATION

OF

ONSTAR, LLC

1. The name of the limited liability company is OnStar, LLC.

2. The address of its registered office in the State of Delaware is Corporation Trust Center, 1209 Orange Street, in the City of Wilmington, County of New Castle. The name of its registered agent at such address is The Corporation Trust Company.

IN WITNESS WHEREOF, the undersigned have executed this Certificate of Formation of OnStar, LLC this 25th day of November 2008.

Barbara A. Lister-Tait
Authorized Person