

**TRADEMARK ASSIGNMENT**

Electronic Version v1.1  
 Stylesheet Version v1.1

|                                  |  |                |                        |
|----------------------------------|--|----------------|------------------------|
| SUBMISSION TYPE:                 | NEW ASSIGNMENT   |                |                        |
| NATURE OF CONVEYANCE:            | CHANGE OF NAME   |                |                        |
| <b>CONVEYING PARTY DATA</b>      |  |                |                        |
| Name                             | Formerly   | Execution Date | Entity Type            |
| Topco Associates, Inc.           |  | 10/29/2001     | CORPORATION: WISCONSIN |
| <b>RECEIVING PARTY DATA</b>      |  |                |                        |
| Name:                            | Topco Holdings, Inc.   |                |                        |
| Street Address:                  | 7711 Gross Point Road  |                |                        |
| City:                            | Skokie   |                |                        |
| State/Country:                   | ILLINOIS   |                |                        |
| Postal Code:                     | 60077  |                |                        |
| Entity Type:                     | CORPORATION: WISCONSIN   |                |                        |
| <b>PROPERTY NUMBERS Total: 1</b> |  |                |                        |
| Property Type                    | Number   | Word Mark      |                        |
| Registration Number:             | 1664251  | MAXXI          |                        |
| <b>CORRESPONDENCE DATA</b>       |  |                |                        |
| Fax Number:                      | (312)827-8185  |                |                        |
|                                  | <i>Correspondence will be sent via US Mail when the fax attempt is unsuccessful.</i> |                |                        |
| Email:                           | trademarks@bellboyd.com  |                |                        |
| Correspondent Name:              | Bell, Boyd & Lloyd LLP   |                |                        |
| Address Line 1:                  | P.O. Box 1135  |                |                        |
| Address Line 4:                  | Chicago, ILLINOIS 60690-1135   |                |                        |
| ATTORNEY DOCKET NUMBER:          | 114481-2   |                |                        |
| NAME OF SUBMITTER:               | Carol A. Genis   |                |                        |
| Signature:                       | /cag/  |                |                        |
| Date:                            | 01/20/2009   |                |                        |

CH \$40.00 1664251

Total Attachments: 5

**900125032**

**TRADEMARK  
 REEL: 003921 FRAME: 0462**

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# OFFICE OF THE SECRETARY OF STATE

JESSE WHITE • Secretary of State

MAY 23, 2002

0675-310-8

CSC NETWORKS  
700 S 2ND ST  
SPRINGFIELD, IL 62704

RE TOPCO HOLDINGS, INC. (COOPERATIVE)

DEAR SIR OR MADAM:

ENCLOSED YOU WILL FIND THE AMENDED AUTHORITY FOR THE  
ABOVE CORPORATION.

FEES IN THIS CONNECTION HAVE BEEN RECEIVED AND CREDITED.

THIS DOCUMENT MUST BE RECORDED IN THE OFFICE OF THE RECORDER OF THE  
COUNTY IN WHICH THE REGISTERED OFFICE OF THE CORPORATION IS LOCATED.

SINCERELY YOURS,

A handwritten signature in cursive script that reads "Jesse White".

JESSE WHITE  
SECRETARY OF STATE

DEPARTMENT OF BUSINESS SERVICES  
CORPORATION DIVISION  
TELEPHONE (217) 782-6961

JW:CD

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 effected 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

Topco Holdings, Inc. (Cooperative)

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

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

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

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

C-196.8



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 'Abby 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.

# COOPERATIVE AMENDMENT

04 4T02357

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 Washington Avenue~~ 44 East Michi. Street, 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  
OK per Susan Hankinson  
C.T. Chicago  
THS

The undersigned officers of Topco Associates, Inc. (Cooperative) a Wisconsin

cooperative with principal office in ~~Cook 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:

| Classes of members | Number of Members having voting rights | Number voting |         |
|--------------------|--|---------------|---------|
|                    |  | FOR           | AGAINST |
| Common             | 26                                     | 24            | 0       |

ACCT 00011149 CLASS CODE 340  
TRX 0001642710 Amount \$25.00

Executed in duplicate, dated and seal (if any) affixed this 29th day of April, 2002.

John K. Fauer

President

(Affix seal or state that there is none)

There is no seal.

John K. Fauer

Secretary

4/11/02  
OK per Susan Hankinson  
C.T. Chicago

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

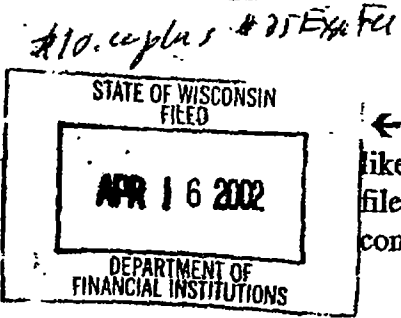
SEE FEES AND INSTRUCTIONS ON THE REVERSE SIDE

# COOPERATIVE AMENDMENT

*Change Name of Cooperative*

*Use Over Acct # 11149*

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, 3<sup>rd</sup> 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.