

TRADEMARK ASSIGNMENT

Electronic Version v1.1
 Stylesheet Version v1.1

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	MERGER
EFFECTIVE DATE:	12/24/2007

CONVEYING PARTY DATA

Name	Formerly	Execution Date	Entity Type
Bettis Corporation		12/11/2007	CORPORATION: TEXAS

RECEIVING PARTY DATA

Name:	Emerson Process Management Valve Automation, Inc.
Street Address:	18703 GH Circle
City:	Waller
State/Country:	TEXAS
Postal Code:	77484
Entity Type:	CORPORATION: DELAWARE

PROPERTY NUMBERS Total: 6

Property Type	Number	Word Mark
Registration Number:	0646772	ROBOTARM
Registration Number:	0936928	BETTIS
Registration Number:	2704852	ROBOTARM II
Registration Number:	1751097	BETTISWITCH
Registration Number:	2954627	LINEGUARD
Registration Number:	2739393	

CORRESPONDENCE DATA

Fax Number: (312)474-0448
Correspondence will be sent via US Mail when the fax attempt is unsuccessful.
 Phone: 312/474-6300
 Email: docket@marshallip.com
 Correspondent Name: Marshall Gerstein & Borun LLP
 Address Line 1: 233 South Wacker Drive
 Address Line 2: 6300 Sears Tower

OP \$165.00 0646772

Address Line 4: Chicago, ILLINOIS 60606

ATTORNEY DOCKET NUMBER: 29511/F0790 ET AL.

NAME OF SUBMITTER: Audrey Nagelberg

Signature: /Audrey Nagelberg/

Date: 01/20/2009

Total Attachments: 9

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DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
12/27/2007	200736100376	MERGER/LICENSING FOREIGN CORP/FOR PROFIT (MUL)	125.00	100.00	.00	.00	.00

Receipt

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

CT CORPORATION SYSTEM
 4400 EASTON COMMONS WAY, SUITE 125
 ATTN: TIMOTHY ROBERSON
 COLUMBUS, OH 43219

STATE OF OHIO
CERTIFICATE

Ohio Secretary of State, Jennifer Brunner

1747565

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

EMERSON PROCESS MANAGEMENT VALVE AUTOMATION, INC.

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

Document(s)

Document No(s):

MERGER/LICENSING FOREIGN CORP/FOR PROFIT

200736100376

Authorization to transact business in Ohio is hereby given, until surrender, expiration or cancellation of this license.



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 24th day of December,
 A.D. 2007.

Ohio Secretary of State

DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
12/27/2007	200736100376	MERGED OUT OF EXISTENCE (MEX)	.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
ATTN: TIMOTHY ROBERSON
COLUMBUS, OH 43219

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jennifer Brunner**196291**

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

SHAFER VALVE COMPANY

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

Document(s)

MERGED OUT OF EXISTENCE

Document No(s):

200736100376

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 24th day of December,
A.D. 2007.

A handwritten signature in cursive script, appearing to read "Jennifer Brunner".

Ohio Secretary of State



Prescribed by:

The Ohio Secretary of State
Central Ohio: (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)	
SMALL BUSINESS ONE OF THE FOLLOWING	
<input type="radio"/> Yes	PO Box 1390 Columbus, OH 43216 ***Requires an additional fee of \$100***
<input type="radio"/> No	PO Box 1329 Columbus, OH 43216

CERTIFICATE OF MERGER

(For Domestic or Foreign, Profit or Nonprofit)

Filing Fee \$125.00

(154-MER)

In accordance with the requirements of Ohio law, the undersigned corporations, banks, savings banks, savings and loan, limited liability companies, limited partnerships and/or partnerships with limited liability, desiring to effect a merger, set forth the following facts:

I. SURVIVING ENTITY

A. The name of the entity surviving the merger is:

Bettis Corporation

B. Name Change: As a result of this merger, the name of the surviving entity has been changed to the following:

Emerson Process Management Valve Automation, Inc.

(Complete only if name of surviving entity is changing through the merger)

C. The surviving entity is a: (Please check the appropriate box and fill in the appropriate blanks)

- Domestic (Ohio) For-Profit Corporation, charter number _____
- Domestic (Ohio) Nonprofit Corporation, charter number _____
- Foreign (Non-Ohio) Corporation incorporated under the laws of the state/country of _____ and licensed to transact business in the State of Ohio under license number _____
- Foreign (Non-Ohio) Corporation incorporated under the laws of the state/country of Delaware and NOT licensed to transact business in the State of Ohio
- Domestic (Ohio) Limited Liability Company, with registration number _____
- Foreign (Non-Ohio) Limited Liability Company organized under the laws of the state/country of _____ and registered to do business in the State of Ohio under registration number _____
- Foreign (Non-Ohio) Limited Liability Company organized under the laws of the state/country of _____ and NOT registered to do business in the State of Ohio
- Domestic (Ohio) Limited Partnership, with registration number _____
- Foreign (Non-Ohio) Limited Partnership organized under the laws of the state/country of _____ and registered to do business in the state of Ohio under registration number _____

RECEIVED
SECRETARY OF STATE
2007 DEC 19 11:14:04

RECEIVED
SECRETARY OF STATE
2007 DEC 24 10:10:57

VI. STATUTORY AGENT

The name and address of the surviving entity's statutory agent upon whom any process, notice or demand may be served is:

CT Corporation 1300 East Ninth Street, Suite 1010
(name) (street) NOTE: P.O. Box Addresses are NOT acceptable
Cleveland, Ohio 44114
(city, village or township) (zip code)

(This item MUST be completed if the surviving entity is a foreign entity which is not licensed, registered or otherwise authorized to conduct business in the state of Ohio)

VII. ACCEPTANCE OF AGENT

The undersigned, named herein as the statutory agent for the above referenced surviving entity, hereby acknowledges and accepts the appointment of statutory agent for said entity.

Signature of Agent John J. Linnihan

John J. Linnihan, Asst. VP

(The acceptance of agent must be completed by the surviving entities if through this merger the statutory agent has changed, or the named agent differs in any way from the name currently on record with the Secretary of State.)

VIII. STATEMENT OF MERGER

Upon filing, or upon such later date as specified herein, the merging entity/entities listed herein shall merge into the listed surviving entity.

IX. AMENDMENTS

The articles of incorporation, articles of organization, certificate of limited partnership or registration of partnership having limited liability (circle appropriate term) of the surviving domestic entity have been amended.

Attachments are provided No Changes

X. QUALIFICATION OR LICENSURE OF FOREIGN SURVIVING ENTITY

A. The listed surviving foreign corporation, bank, savings bank, savings and loan, limited liability company, limited partnership, or partnership having limited liability desires to transact business in Ohio as a foreign corporation, bank, savings bank, savings and loan, limited liability company, limited partnership, or partnership having limited liability, and hereby appoints the following as its statutory agent upon whom process, notice or demand against the entity may be served in the state of Ohio. The name and complete address of the statutory agent is:

CT Corporation 1300 East Ninth Street, Suite 1010
(name) (street) NOTE: P.O. Box Addresses are NOT acceptable
Cleveland, Ohio 44114
(city, village or township) (zip code)

The subject surviving foreign corporation, bank, savings bank, savings and loan, limited liability company, limited partnership, or partnership having limited liability irrevocably consents to service of process on the statutory agent listed above as long as the authority of the agent continues, and to service of process upon the Secretary of State of Ohio if the agent cannot be found, if the corporation, bank, savings bank, savings and loan, limited liability company, limited partnership, or partnership having limited liability fails to designate another agent when required to do so, or if the foreign corporation's, bank's, savings bank's, savings and loan's, limited liability company's, limited partnership's or partnership having limited liability's license or registration to do business in Ohio expires or is canceled.

B. The qualifying entity also states as follows: (Complete only if applicable)

1. Foreign Notice Under Section 1703.031

(If the qualifying entity is a foreign bank, savings bank, or savings and loan, then the following information must be completed.)

(a.) The name of the Foreign Nationally/Federally chartered bank, savings bank, or savings and loan association is

(b.) The name(s) of any Trade Name(s) under which the corporation will conduct business:

(c.) The location of the main office (non-Ohio) shall be:

(street)

E. P.O. Box Addresses are NOT acceptable

(city township, or village)

(county)

Ohio

(state)

(zip code)

(Please note, if there will not be an office in the state of Ohio, please list none.)

(e.) The corporation will exercise the following purpose(s) in the state of Ohio:

(Please provide a brief summary of the business to be conducted; a general clause is not sufficient)

2. Foreign Qualifying Limited Liability Company

(If the qualifying entity is a foreign limited liability company, the following information must be completed.)

(a.) The name of the limited liability company in its state of organization/registration is

(b.) The name under which the limited liability company desires to transact business in Ohio is

(c.) The limited liability company was organized or registered on _____
under the laws of the state/county of _____

(d.) The address to which interested persons may direct requests for copies of the articles of organization, operating agreement, bylaws, or other charter documents of the company is:

_____	_____		
(name)	(street)	<i>NOTE: P.O. Box Addresses are NOT acceptable</i>	
_____	_____	_____	_____
(city, village or township)	(state)	(zip code)	

3. Foreign Qualifying Limited Partnership

(If the qualifying entity is a foreign limited partnership, the following information must be completed).

(a.) The name of the limited partnership is

(b.) The limited partnership was formed on _____

(c.) The address of the office of the limited partnership in its state/county of organization is:

_____	_____		
(street)	<i>E: P.O. Box Addresses are NOT acceptable</i>		
_____	_____	_____	_____
(city township, or village)	(county)	(state)	(zip code)

(d.) The limited partnership's principal office address is:

_____	_____		
(street)	<i>E: P.O. Box Addresses are NOT acceptable</i>		
_____	_____	_____	_____
(city township, or village)	(county)	(state)	(zip code)

(e.) The names and business or residence addresses of the General partners of the partnership are as follows:

Name	Address
_____	_____
_____	_____
_____	_____

(If insufficient space to cover this item, please attach a separate sheet listing the general partners and their respective addresses)

(f.) The address of the office where a list of the names and business or residence addresses of the limited partners and their respective capital contributions is to be maintained is:

_____	_____		
(street)	<i>E: P.O. Box Addresses are NOT acceptable</i>		
_____	_____	_____	_____
(city township, or village)	(county)	(state)	(zip code)

The limited partnership hereby certifies that it shall maintain said records until the registration of the limited partnership in Ohio is canceled or withdrawn.

4. Foreign Qualifying Partnership Having Limited Liability

(a.) The name of the partnership shall be

(b.) Please complete the following appropriate section (either item b(1) or b(2)):

(1.) The address of the partnership's principal office in Ohio is:

(street) P.O. Box Addresses are NOT acceptable

_____, Ohio _____
(city township, or village) (zip code)

(If the partnership does not have a principal office in Ohio, then items b2 must be completed)

(street) P.O. Box Addresses are NOT acceptable

_____, _____, _____
(city township, or village) (state) (zip code)

(c.) The name and address of a statutory agent for service of process in Ohio is as follows:

(name)

(street) P.O. Box Addresses are NOT acceptable

_____, Ohio _____
(city township, or village) (zip code)

(d.) Please indicate the state or jurisdiction in which the Foreign Limited Liability Partnership has been formed

(e.) The business which the partnership engages in is:

The undersigned constituent entities have caused this certificate of merger to be signed by its duly authorized officers, partners and representatives on the date(s) stated below.

Shafer Valve Company
(Exact name of entity)
By: T Burnett
Its: Treasurer
Date: December 11, 2007

Bettis Corporation
(Exact name of entity)
By: T Burnett
Its: Treasurer
Date: December 11, 2007

(Exact name of entity)
By: _____
Its: _____
Date: _____

(Exact name of entity)
By: _____
Its: _____
Date: _____

(Exact name of entity)
By: _____
Its: _____
Date: _____

(Exact name of entity)
By: _____
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Its: _____
Date: _____

(Exact name of entity)
By: _____
Its: _____
Date: _____

(Exact name of entity)
By: _____
Its: _____
Date: _____

(Exact name of entity)
By: _____
Its: _____
Date: _____

STLD01-1375297-2
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Last Revision: May 2002