

**TRADEMARK ASSIGNMENT**

Electronic Version v1.1  
 Stylesheet Version v1.1

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	MERGER
EFFECTIVE DATE:	12/05/2008

**CONVEYING PARTY DATA**

Name	Formerly	Execution Date	Entity Type
Willow Financial Bancorp, Inc.		12/05/2008	CORPORATION: PENNSYLVANIA

**RECEIVING PARTY DATA**

Name:	Harleysville National Corporation
Street Address:	483 Main St.
City:	Harleysville
State/Country:	PENNSYLVANIA
Postal Code:	19438
Entity Type:	CORPORATION: PENNSYLVANIA

**PROPERTY NUMBERS Total: 10**

Property Type	Number	Word Mark
Serial Number:	77121650	WILLOW INVESTMENT SERVICES
Registration Number:	3327489	WILLOW FINANCIAL BANK
Registration Number:	3327486	WILLOW FINANCIAL
Registration Number:	3300311	
Registration Number:	2777158	E TRUST
Registration Number:	3358985	BENESERV CORPORATE BENEFIT SERVICES
Registration Number:	3359000	BENESERV
Registration Number:	3359382	THERE'S BENEFITS WITH OUR SERVICE!
Registration Number:	3346014	SEE WHAT WILL POWER IS WORTH.
Registration Number:	3332630	WILLOW FINANCIAL BANCORP

**CORRESPONDENCE DATA**

Fax Number: (717)731-8205

**900134351**

**TRADEMARK  
 REEL: 003989 FRAME: 0485**

**OP \$265.00 77121650**

*Correspondence will be sent via US Mail when the fax attempt is unsuccessful.*

Phone: 7177311700  
Email: stezar@bybelrutledge.com  
Correspondent Name: Nicole F. Stezar  
Address Line 1: 1017 Mumma Rd  
Address Line 2: Suite 302  
Address Line 4: Lemoyne, PENNSYLVANIA 17043

ATTORNEY DOCKET NUMBER:	46-012 MERGER
NAME OF SUBMITTER:	Nicole F. Stezar
Signature:	/nicole f. stezar/
Date:	05/19/2009

**Total Attachments: 5**

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**PENNSYLVANIA DEPARTMENT OF STATE  
CORPORATION BUREAU**

**Articles/Certificate of Merger**  
(15 Pa.C.S.)

- Domestic Business Corporation (§ 1926)  
 Domestic Nonprofit Corporation (§ 5926)  
 Limited Partnership (§ 8547)

Name <b>Erik Gerhard</b>		
Address <b>1017 Mumma Road, Suite 302</b>		
City <b>Lemoyne</b>	State <b>PA</b>	Zip Code <b>17043</b>

Document will be returned to the name and address you enter to the left.



Commonwealth of Pennsylvania  
PRECLEARANCE 5 Page(s)

Fee: \$150 plus \$40 additional for each Party in additional to two



In compliance with the requirements of the applicable provisions (relating to articles of merger or consolidation), the undersigned, desiring to effect a merger, hereby state that:

1. The name of the corporation/limited partnership surviving the merger is:  
**Harleysville National Corporation**

2. Check and complete one of the following:

The surviving corporation/limited partnership is a domestic business/nonprofit corporation/limited partnership and the (a) address of its current registered office in this Commonwealth or (b) name of its commercial registered office provider and the county of venue is (the Department is hereby authorized to correct the following information to conform to the records of the Department):

(a) Number and Street <b>483 Main Street</b>	City <b>Harleysville</b>	State <b>PA</b>	Zip <b>19438</b>	County <b>Montgomery</b>
(b) Name of Commercial Registered Office Provider				County
c/o				

The surviving corporation/limited partnership is a qualified foreign business/nonprofit corporation /limited partnership incorporated/formed under the laws of \_\_\_\_\_ and the (a) address of its current registered office in this Commonwealth or (b) name of its commercial registered office provider and the county of venue is (the Department is hereby authorized to correct the following information to conform to the records of the Department):

(a) Number and Street	City	State	Zip	County
(b) Name of Commercial Registered Office Provider				County
c/o				

The surviving corporation/limited partnership is a nonqualified foreign business/nonprofit corporation/limited partnership incorporated/formed under the laws of \_\_\_\_\_ and the address of its principal office under the laws of such domiciliary jurisdiction is:

Number and Street	City	State	Zip
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PA DEPT. OF STATE

DEC 02 2008

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REEL: 003989 FRAME: 0487




IN TESTIMONY WHEREOF, the undersigned corporation/limited partnership has caused these Articles/Certificate of Merger to be signed by a duly authorized officer thereof this

5th day of December,  
2008.

Harleysville National Corporation

Name of Corporation/Limited Partnership



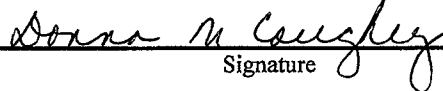
Signature

President and Chief Executive Officer

Title

Willow Financial Bancorp, Inc.

Name of Corporation/Limited Partnership



Signature

President and Chief Executive Officer

Title

Docketing Statement (Changes)  
DSCB:15-134B

**BUREAU USE ONLY:**

Revenue       Labor & Industry

Other \_\_\_\_\_

File Code \_\_\_\_\_ Filed Date \_\_\_\_\_

**Part I. Complete for each filing:**

Current name of entity or registrant (*survivor or new entity if merger or consolidation*):  
Harleysville National Corporation

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Entity number, if known: 756777      Incorporation/qualification date in PA: 6/1/1982

State of Inc: PA      Federal EIN: 23-2210237      Specified effective date, if any: 12/5/2008

**Part II. Check proper box:**

Amendment (complete Section A)       Merger, Consolidation or Division (complete Section B,C or D)

Consolidation (complete Section C)       Division (complete Section D)

Conversion (complete Section A & E)       Correction (complete Section A)

Termination (complete Section H)       Revival (complete Section G)

Dissolution before Commencement of Business (complete Section F)

**Section A – Check box(es) which pertain to changes:**

Name: \_\_\_\_\_

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Registered Office: Number & street/RD number & box number      City      State      Zip      County

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Purpose: \_\_\_\_\_

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Stock (aggregate number of share authorized): \_\_\_\_\_       Effective date: \_\_\_\_\_

Term of Existence: \_\_\_\_\_       Other: \_\_\_\_\_

**Section B – Merger Complete Section A if any changes to surviving entity:**  
Merging Entities are: (*attach sheet for additional merging entities*)

Name: Willow Financial Bancorp, Inc.      Entity #, if known: 3039425

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Effective date: 12/5/2008      Inc./qual. date in PA: 12/6/2001      State of Inc. PA

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Name: \_\_\_\_\_      Entity #, if known: \_\_\_\_\_

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Effective date: \_\_\_\_\_      Inc./qual. date in PA: \_\_\_\_\_      State of Inc. \_\_\_\_\_

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PA DEPT OF STATE

**Section C - Consolidation**

Consolidating Entities are: *(attach sheet for additional consolidating entities)*  
Name:

Entity #, if known: Inc./qual. date in PA. State of Inc.

Name:

Entity #, if known: Inc./qual. date in PA. State of Inc.

**Section D - Division**

Forming new entity(s) named below: *(attached sheet for additional entities)*

Name: Entity Number:

Name: Entity Number:

Check one:  Entity named in Part I survives. (any changes, complete Section A)

Entity named in Part I does not survive.

**Section E - Conversion** *(complete Section A)*

Check one:  Converted from nonprofit to profit  Converted from profit to nonprofit

**Section F - Dissolved by Shareholders or Incorporators Before Commencement of Business**

**Section G - Statement of Revival** *(complete Section A for any changes to revived entity)*

Entity named in Part I hereby revives its charter or articles which were forfeited by Proclamation or expired.

**Section H - Statement of Termination** *(attach sheet for additional entities involved)*

filed in the Department of State on  is/are hereby terminated.  
(type of filing made) month/date/year hour, if any

If merger, consolidation or division, list all entities involved, other than that listed in Part I:  
Name: Entity number:

Name: Entity number: