Form PTO-1594 (Rev. 01-09)
OMB Collection 0651-0027 (exp. 02/28/2009)

U.S. DEPARTMENT OF COMMERCE
United States Patent and Trademark Office

RECORDATION FORM COVER SHEET
TRADEMARKS ONLY

To the Director of the U. S. Patent and Trademark Office: Please record the attached documents or the new address(es) below.

1. Name of conveying party(ies):

CANTAR/POLYAIR INC.

☐ Individual(s) ☐ Association
☐ General Partnership ☐ Limited Partnership
☒ Corporation- State: CANADA
☐ Other

Citizenship (see guidelines) CANADA

Additional names of conveying parties attached? ☐ Yes ☒ No

2. Name and address of receiving party(ies)

Additional names, addresses, or citizenship attached? ☐ Yes ☒ No

Name: POLYAIR INVESTMENTS INC.
Internal Address:
Street Address: 330 HUMBERLINE DRIVE
City: TORONTO
State: ONTARIO
Country: CANADA Zip: M9W 1R5

☐ Association Citizenship
☐ General Partnership Citizenship
☐ Limited Partnership Citizenship
☒ Corporation Citizenship CANADA
☐ Other Citizenship

If assignee is not domiciled in the United States, a domestic representative designation is attached: ☐ Yes ☒ No
(Designations must be a separate document from assignment)

3. Nature of conveyance)/Execution Date(s) :

Execution Date(s) OCTOBER 4, 2006

☐ Assignment ☐ Merger
☐ Security Agreement ☒ Change of Name
☐ Other

4. Application number(s) or registration number(s) and identification or description of the Trademark.

A. Trademark Application No.(s)
73/769,971

B. Trademark Registration No.(s)
1,564,514

Additional sheet(s) attached? ☐ Yes ☒ No

C. Identification or Description of Trademark(s) (and Filing Date if Application or Registration Number is unknown):
POLYAIR

5. Name & address of party to whom correspondence concerning document should be mailed:

Name: VICTORIA MCBRIDE
Internal Address:
Street Address: 40 KING STREET WEST, 40TH FLOOR
City: TORONTO
State: ONTARIO Zip: M5H 3Y2
Phone Number: 416 364 7311
Fax Number: 416 361 1398
Email Address: vmcbride@beresklnparr.com

6. Total number of applications and registrations involved: 1

7. Total fee (37 CFR 2.6(b)(6) & 3.41) $40.00

☐ Authorized to be charged to deposit account
☒ Enclosed

8. Payment Information:

Deposit Account Number
Authorized User Name

9. Signature: V. McBride — Signature
Nov. 3, 2009 — Date

VICTORIA MCBRIDE — Name of Person Signing

Total number of pages including cover sheet, attachments, and document: 9

Documents to be recorded (including cover sheet) should be faxed to (571) 273-0140, or mailed to:
Mail Stop Assignment Recordation Services, Director of the USPTO, P.O. Box 1450, Alexandria, VA 22313-1450

1.

For Ministry Use Only
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Ontario Corporation Number
Numéro de la société en Ontario

1170101

Ministry of Consumer and Business Services
Ontario

Ministère des Services aux consommateurs et aux entreprises

CERTIFICATE
This is to certify that these articles are effective on

CERTIFICAT
Ceci certifie que les présents statuts entrent en vigueur le

OCTOBER 04 OCTOBRE, 2006

Director / Directrice
Business Corporations Act / Loi sur les sociétés par actions

Form 3
Business Corporations Act

Formule 3
Loi sur les sociétés par actions

ARTICLES OF AMENDMENT
STATUTS DE MODIFICATION

1. The name of the corporation is: (Set out in BLOCK CAPITAL LETTERS)
Dénomination sociale actuelle de la société (écrire en LETTRES MAJUSCULES SEULEMENT):

CANTAR/POLYAIR INC.

2. The name of the corporation is changed to (if applicable):(Set out in BLOCK CAPITAL LETTERS)
Nouvelle dénomination sociale de la société (s'il y a lieu) (écrire en LETTRES MAJUSCULES SEULEMENT):

POLYAIR INVESTMENTS INC.

3. Date of incorporation/amalgamation:
Date de la constitution ou de la fusion:

1996 - February - 20
(Year, Month, Day)
(année, mois, jour)

4. **Complete only if there is a change in the number of directors or the minimum / maximum number of directors.**
Il faut remplir cette partie seulement si le nombre d'administrateurs ou si le nombre minimal ou maximal d'administrateurs a changé.

Number of directors is/are: or minimum and maximum number of directors is/are:
Nombre d'administrateurs: ou nombres minimum et maximum d'administrateurs:

Number or minimum and maximum
Nombre ou *minimum et maximum*

5. The articles of the corporation are amended as follows:
Les statuts de la société sont modifiés de la façon suivante :

The name of the Corporation be and is hereby changed from CANTAR/POLYAIR INC. to POLYAIR INVESTMENTS INC.

Document prepared using *Fast Company*, by Do Process Software Ltd., Toronto, Ontario (416) 322-6111

07119 (02/2003)

For Ministry Use Only
À l'usage exclusif du ministère

Ontario Corporation Number
Numéro de la compagnie en Ontario

1040051

Ministry of Consumer and Commercial Relations
Ontario

Ministère de la Consommation et du Commerce

CERTIFICATE
This is to certify that these articles are effective on

CERTIFICAT
Ceci certifie que les présents statuts entrent en vigueur le

AUGUST 5 AOÛT, 1993

Director / Directeur
Business Corporations Act / Loi de sur les compagnies

Trans Code	Line No.	Stat.	Comp Type	Method Incorp.	Share
A	0	0	A	3	S
18	20	28	29	30	31

Notice Req'd.	Jurisdiction	
N	ONTARIO	A
32	33 37	37

Form 4
Business Corporations Act, 1982
Formule numéro 4 Loi de 1982 sur les compagnies

ARTICLES OF AMALGAMATION
STATUTS DE FUSION

1. The name of the amalgamated corporation is: *Dénomination sociale de la compagnie issue de la fusion:*

CANTAR/POLYAIR INC.

2. The address of the registered office is: *Adresse du siège social:*

106 AVENUE ROAD

(Street & Number or R.R. Number & if Multi-Office Building give Room No.)
Rue et numéro, ou numéro de la R.R. et, s'il s'agit d'un édifice à bureaux, numéro du bureau)

TORONTO, ONTARIO — M2R2H3

(Name of Municipality, or Post Office) *Nom de la municipalité ou du bureau de poste)* — (Postal Code) *(Code Postal)*

City of Toronto (Name of Municipality, Geographical Township) *(Nom de la municipalité, du canton)* — in the *dans la/le* — Municipality of Metropolitan Toronto (County, District, Regional Municipality) *Comté, district, municipalité régionale)*

3. *Number (or minimum and maximum number) of directors is:* *Nombre (ou nombres minimal et maximal) d'administrateurs:*

a minimum of one to a maximum of fifteen

4. The director(s) is/are: four (4) *Administrateur(s):*

First name, initials and surname *Prénom, initiales et nom de famille*	Residence address, giving Street & No. or R.R. No., Municipality and Postal Code *Adresse personnelle, y compris la rue et le numéro, le numéro de la R.R. ou le nom de la municipalité et le code postal*	Resident Canadian State Yes or No *Résident Canadien Oui/Non*
FRED A. LITWIN	71 Glen Edyth Drive, Toronto, Ontario. M4V 2V8	YES
DOMENICO MARZANO	25 Whiffle Tree Court Woodbridge, Ontario. L4L 3K1	YES