OP \$40.00 2007468

TRADEMARK ASSIGNMENT

Electronic Version v1.1 Stylesheet Version v1.1

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	MERGER
EFFECTIVE DATE:	12/29/2008

CONVEYING PARTY DATA

Name	Formerly	Execution Date	Entity Type
Autobytel, Inc.	FORMERLY A.I.N. Corporation	12/29/2008	CORPORATION: DELAWARE

RECEIVING PARTY DATA

Name:	Autobytel, Inc.
Street Address:	18872 Mac Arthur Blvd.
Internal Address:	Suite 200
City:	Irvine
State/Country:	CALIFORNIA
Postal Code:	92612
Entity Type:	CORPORATION: DELAWARE

PROPERTY NUMBERS Total: 1

Property Type	Number	Word Mark
Registration Number:	2007468	CARSMART

CORRESPONDENCE DATA

Address Line 2:

Fax Number: (949)760-9502

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

Email: efiling@kmob.com

Correspondent Name: Michael T. Richmond

Address Line 1: 2040 Main Street

Address Line 4: Irvine, CALIFORNIA 92614

14th Floor

ATTORNEY DOCKET NUMBER:

CARSMRT.004T

NAME OF SUBMITTER:

Michael T. Richmond

Signature:

/mtr/

TRADEMARK

900167932 REEL: 004249 FRAME: 0023

Date:	07/27/2010
Total Attachments: 7 source=certificate of merger#page1.tif source=certificate of merger#page2.tif source=certificate of merger#page3.tif source=certificate of merger#page4.tif source=certificate of merger#page5.tif source=certificate of merger#page6.tif source=certificate of merger#page7.tif	



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 Fo	FM; (Select One)
Mail Form to one o	of the Following:
O Expedite	P.O. Box 1390
	Columbus OH 43216
*** Requires a	n additional fee of \$100 ***
O Non Expedite	P.O. Box 1329
	Columbus OH 43216

CERTIFICATE OF MERGER

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:

	VING ENTITY
A. Th	e name of the entity surviving the merger is: Autobytel Inc.
B. Na	me Change: As a result of this merger, the name of the surviving entity has been changed to the following:
(Co	rapiete only if name of surviving entity is changing through the merger)
C. Th	e surviving entity is a: (Please check the appropriate box and fill in the appropriate blanks)
	Domestic (Ohio) For-Profit Corporation, charter number
נ	Domestic (Ohio) Nonprofit Corporation, charter number
. *	Foreign (Non-Ohio) For-Profit Corporation incorporated under the laws of the state/country of and licensed to transact business in the state of Ohio under license number California 1195984
C	Foreign (Non-Ohio) For-Profit Corporation incorporated under the laws of the state/country of and NOT licensed to transact business in the state of Ohio
E	Foreign (Non-Ohio) Nonprofit Corporation under the laws of the state/country of and licensed to transact bulness in the state of Ohio under license number
C	Foreign (Non-Ohio) Nonprofit Corporation under the laws of the state/country of and NOT licensed to transact business in the state of Ohio
. [Domestic (Ohio) For-Profit Limited Liability Company, with registration number
	Domestic (Ohio) Nonprofit Limited Liability Company, with registration number
	Foreign (Non-Ohio) For-Profit 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
·C	Foreign (Non-Ohio) For-Profit Limited Liability Company organized under the laws of the state/country of and NOT registered to do business in the state of Ohio
	Foreign (Non-Ohio) Nonprofit 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
Е	Foreign (Non-Ohio) Nonprofit 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

551

Page 1 of 7

Last Revised: 12/24/2008

		Foreign (Non-Ohio) Limited Partnership orga and registered to do business in the state of 0			, of	
		Foreign (Non-Ohio) Limited Partnership organand NOT registered to do business in the sta		the state/country	y of	· ···········
		Domestic (Ohio) Partnership Having Limited	Liability, with the regist	ration number		
		Foreign (Non-Ohio) Partnership Having Limite and registered to do business in the state of the s			he state/country of	
		Foreign (Non-Ohio) Partnership Having Limit and NOT registered to do business in the sta		nder the laws of I	the state/country of	
		General Partnership NOT registered with the	state of Ohio			
Th res	e name, pective	BENTITY Charter/license/registration number, type of ending of the control of existed the control of existed the control of existed the control of the cont	nce are as follows: (If t			
Na	me/Cha	arter, License or Registration Number	State/Country of	Organization	Type of Entity	
<u>A.1</u>	.N. Cor	poration Ohio License Number 1195984	California		Profit Corporation	
Au	tobytel l	nc Ohio License Number 957967	Delaware		Profit Corporation	
Th	e name	AGREEMENT ON FILE and mailing address of the person or entity fro of merger upon written request:	m whom/which eligible	persons may ob	tain a copy of the	
	enn E. F	uller	18872 MacArthur Box	ulevard		
Nar	n e		Streel Address / P.O. Box	Address		
Irvi			CA .	92612		
City	,		State	Zip Code		
		/E DATE OF MERGER er is to be effective on December 31, 2008	(if a date is specified,	the data must be		

IV

specified, the date of filing will be the effective date of the merger).

V. MERGER AUTHORIZED

Each constituent entity has complied with all of the laws under which it exists and the laws permit the merger. The agreement of merger is authorized on behalf of each constituent entity and that each person who signed the certificate on behalf of each entity is authorized to do so.

551

Page 2 of 7

Last Revised: 12/24/2008

	Name	Mailing Address
		, Ohio
	City	Zip Code
	If the agent is an individual and using a agent is a resident of the state of Ohio.	
U	TATEMENT OF MERGER pon filing, or upon such later date as specified he sted surviving entity.	erein, the merging entity/entities listed herein shall merge into the
In to		n, limited liability company, or limited partnership, any amendments ion, or certificate of limited partnership of the surviving domestic
	Amendments are attached	☐ No Amendments
. R	EQUIREMENTS OF CORPORATIONS MERGIN	NG OUT OF EXISTENCE
to af w re	transact business in this state, the certificate of ffidavits, receipts, certificates, or other evidence i ith respect to each domestic corporation, and by	s not a domestic or foreign corporation that is to be licensed merger or consolidation shall be accompanied by the required by division (G) of section 1702.47 of the Revised Code, the affidavits, receipts, certificates, or other evidence of the Revised Code, with respect to each foreign constituent rate.
Κ. Q	bank, savings bank, savings and loan, limited limited liability, and hereby appoints the follow	SURVIVING ENTITY ansact business in Ohio as a foreign corporation, liability company, limited partnership, or partnership having ing as its statutory agent upon whom process, notice or demand of Ohio. The name and complete address of the statutory agent
	Name	Mailing Address
		, Ohio
	City	Zip Code
		P.O. Box, check this box to certify the agent is a

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.

551

Page 3 of 7

Last Revised: 12/24/2008

ft	eign Notice Under Section 1703.031 ne qualifying entity is a foreign bank, sa t be completed.)		and loan, then the follo	wing information
(a)	The name of the Foreign Nationally/Fe association is:	ederally chartered bank,	savings bank, or savir	igs and loan
(b)	The name(s) of any Trade Name(s) u	inder which the corporat	ion will conduct busine	ss:
		week too be		
(c)	The location of the main office (non-C	Ohio) shall be:		
	Street Address / P.O. Box Address		···	•
	City	County	State	Zip Code
(d)	The principal office location in the sta	ate of Ohio shall be:		
	Street Address / P.O. Box Address			
	City (If there will not be an office in the	County state of Ohio, please	Ohio State	Zip Code
(e)	•	state of Ohio, please wing purpose(s) in the s	State State State of Ohio:	
	(If there will not be an office in the	state of Ohio, please wing purpose(s) in the set to be conducted by the section of the section o	State list none) state of Ohio: cted; a general clause	is not sufficient.)
For	(If there will not be an office in the The corporation will exercise the follo (Please provide a brief summary of the	estate of Ohio, please in wing purpose(s) in the same business to be conducted in the	State iist none) tate of Ohio: cted; a general clause 1705.54 a following information	is not sufficient.)
For (a)	(If there will not be an office in the The corporation will exercise the follor (Please provide a brief summary of the eign Qualifying Limited Liability Co (If the qualifying entity is a foreign limit	estate of Ohio, please in wing purpose(s) in the same business to be conducted in the section of	State iist none) tate of Ohio: cted; a general clause 1705.54 a following information ny In its state of organ	is not sufficient.) must be completed.) zation/registration is:
(a)	(If there will not be an office in the The corporation will exercise the follor (Please provide a brief summary of the eign Qualifying Limited Liability Co (If the qualifying entity is a foreign limit The name of the For-Profit or Nonpro	wing purpose(s) in the some business to be conducted in the some business to be conducted liability company, the soft limited liability company builty company desires to be conducted in the soft limited liability company desires to builty company desir	State iist none) Itate of Ohio: cted; a general clause 1705.54 a following information by in its state of organ to transact business in	is not sufficient.) must be completed.) zation/registration is:
(a)	(If there will not be an office in the The corporation will exercise the follor (Please provide a brief summary of the eign Qualifying Limited Liability Co (If the qualifying entity is a foreign limit The name of the For-Profit or Nonprofit The name under which the limited liab from its home state name) is:	wing purpose(s) in the some business to be conducted business to be conducted liability company, the soft limited liability company desires to be business to be conducted liability company, the soft limited liability company desires to business to be consumated or registered on f	State iist none) tate of Ohio: cted; a general clause 1705.54 a following information by in its state of organ by transact business in	is not sufficient.) must be completed.) zation/registration is:

8.

551

Last Revised: 12/24/2008

City			State	Zip Code
	allfying Limited Partnersh ying entity is a foreign limite			completed.)
a) The nar	ne of the limited partnership	o is:		
(b) The lim	ited partnership was formed	d on		
Under t	he laws of the state/country	y of:		
(c) The add	dress of the office of the lim	ited partnership in its state	e/country of organization	on is:
Street Ac	ddress / P.O. Box Address			
City		County	State	Zip Code
d) The lim	ited partnership's principal	office address is:		
Street Ac	ddress / P.O. Box Address			
City		County	State	Zip Code
e) The na follows:	mes and business or reside	ence addresses of the gen	eral partners of the pa	rtnership are as
Name	· · · · · · · · · · · · · · · · · · ·	Street Addres	s / P.O. Box Address	
			WARRAN # 14 1 7 F 1	
				<u> </u>
(f) The ad	pace to cover this Item, plea dress of the office where a partners and their respectiv	list of the names and busi	ness or residence add	
minted	harmas and man respectiv	re capital contributions is t	o be inaintained is:	
Street Ad	ddress / P.O. Box Address			

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

551

Page 5 of 7

Last Revised: 12/24/2008

	eign Qualifying Partnership Having Limited Liability e qualifying entity is a foreign partnership having limited pleted.)		mation must be
a)	The name of the partnership shall be:		
b)	The partnership was formed under the laws of the stat	e/country of :	
c)	Please complete the following appropriate section (eith	er item c(l) or c(2)):	
	(1.) The address of the partnership's principal office in	n Ohio is:	
	Street Address / P.O. Box Address		
		, Ohio	
	City	Zip Code	9
	he partnership does not have a principal office in C	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	(2.) The address of the partnership's principal office (i Streel Address / P.O. Box Address	Non-Ohio):	
	Streel Address / P.O. Box Address		
		Non-Ohio):	Zip Code
d)	Streel Address / P.O. Box Address		
(d)	Street Address / P.O. Box Address City		
<u>∶</u> d)	Street Address / P.O. Box Address City		
(d)	Street Address / P.O. Box Address City		

(Proceed to page 7 for signatures of authorized officers, partners and representatives.)

551

Page 6 of 7

Last Revised: 12/24/2008

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

A.I.N. Corporation	Autobytel Inc.
Exact name of entity By: La E Dulla	Exact name of entity By: Low E Juller
Glenn E. Fuller Its: Senior Vice President and Secretary	Glenn E. Fuller Its: Senior Vice President and Secretary
Date: December 29, 2008	Date:December 29, 2008
Exact name of entity	Exact name of entity
Ву:	Ву:
Its:	Its:
Date:	Date:
Exact name of entity	Exact name of entity
Ву:	Ву:
lts:	its:
Date:	Date:
Exact Name of entity	Exact Name of entity
Ву:	Ву:
lts:	lts:
Date:	Date:
Exact Name of entity	Exact Name of entity
Ву:	Ву:
its:	Its:
Date:	Date:

An authorized representative of each constituent corporation, partnership, or entity must sign the merger certificate ORC 1701.81(A), 1702.43 (A), 1705.38(A), 1775.47(A), 1782.433(A)

551

RECORDED: 07/27/2010

Page 7 of 7

Last Revised: 12/24/2008