OP \$65.00 1746

TRADEMARK ASSIGNMENT

Electronic Version v1.1 Stylesheet Version v1.1

| SUBMISSION TYPE: | NEW ASSIGNMENT |
|-----------------------|----------------|
| NATURE OF CONVEYANCE: | CHANGE OF NAME |

CONVEYING PARTY DATA

| Name | Formerly | Execution Date | Entity Type |
|------------------------|----------|----------------|---------------------------|
| Brady Identicard, Inc. | | 02/21/2006 | CORPORATION: PENNSYLVANIA |

RECEIVING PARTY DATA

| Name: | Identicard Systems Worldwide, Inc. |
|-----------------|------------------------------------|
| Street Address: | 6555 West Good Hope Road |
| City: | Milwaukee |
| State/Country: | WISCONSIN |
| Postal Code: | 53223 |
| Entity Type: | CORPORATION: PENNSYLVANIA |

PROPERTY NUMBERS Total: 2

| Property Type | Number | Word Mark |
|----------------------|---------|------------|
| Registration Number: | 1746862 | IVIS |
| Registration Number: | 1212209 | IDENTICARD |

CORRESPONDENCE DATA

Fax Number: (414)228-5728

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

Phone: 414-228-5743

Email: cheryl_piefer-wachtel@bradycorp.com

Correspondent Name: Cheryl Piefer-Wachtel

Address Line 1: 6555 West Good Hope Road

Address Line 4: Milwaukee, WISCONSIN 53223

| ATTORNEY DOCKET NUMBER: | IDENTICARD NAME CHANGE |
|-------------------------|-------------------------|
| NAME OF SUBMITTER: | Cheryl Piefer-Wachtel |
| Signature: | /Cheryl Piefer-Wachtel/ |
| Date: | 03/08/2011 TRADEMARK |

900185791 REEL: 004492 FRAME: 0453

Total Attachments: 6

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COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF STATE

MARCH 7, 2006

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

IDENTICARD SYSTEMS WORLDWIDE, INC.

is duly incorporated under the laws of the Commonwealth of Pennsylvania and remains a subsisting corporation so far as the records of this office show, as of the date herein.

SECNESTINATION OF THE CONTROL OF THE

IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written.

Secretary of the Commonwealth

Pecho a Contis

Certification Number: 5859878-1 Verify this certificate online at http://www.corporations.state.pa.us/corp/soskb/verify.asp

| | Articles of Incorporation | For Profit | | |
|--|--|-----------------------------|---|---|
| | (15 Pa.C.S.) Business-stock (§ 1306) Business-nonstock (§ 2102) Business-statutory close (§ 2303) Cooperative (§ 7102) | Profes | gement (§ 27 sional (§ 290 nce (§ 3101) |)3) |
| Name Address CTCO City S | RP-COUNTER Zip Code | | it will be retu I address you | |
| S12 5 | | | | |
| in compliance with the tions), the undersigned, d | he requirements of the applicable providesiring to incorporate a corporation for ration (corporate designator required, previous of the professional corporation." | profit, hereby sta | tes that: | |
| In compliance with the stions), the undersigned, do | lesiring to incorporate a corporation for ration (corporate designator required, in reviation, "Professional corporation" | profit, hereby sta | tes that: | |
| in compliance with the trions), the undersigned, of the corpor "company" or any abbut BRADY IDENTICARD, The (a) address of this of the corporation in the corporatio | lesiring to incorporate a corporation for ration (corporate designator required, in reviation, "Professional corporation" | e., "corporation or "P.C"): | tes that: "," incorpor | ated", "limited" |
| In compliance with the tions), the undersigned, do The name of the corpor "company" or any abbounded in the corpor "company" or any abbounded in the corpor "company" or any abbounded in the company "or any abbounded in the company" or any abbounded in the corpor in th | ration (corporate designator required, reviation. "Professional corporation" of INC. corporation's current registered office in the office professional registered regi | profit, hereby sta | tes that: "," incorpor calth (post of | ated", "limited" fice bax, alone, is not is: |
| In compliance with the discussions, the undersigned, discussions, the undersigned, discussions, the undersigned, discussions, the undersigned, discussions, the undersigned and undersigne | ration (corporate designator required, reviation. "Professional corporation" of INC. Corporation's current registered office in a office professional registered office provider | n this Commonwe | tes that: "," incorpor calth (post of | ated", "limited" fice bax, alone, is not is: County County |

Commonwealth of Pennsylvania RTICLES OF INCORPORATION 3 Page(s)

P 1001 - 10:11/05 (* T System Online



- 14 To Va

4. The aggregate number of shares authorized: 1,000

50 0EC 52 12115: 36

9. Cooperative corporations only: Complete and strike out inapplicable term:

The common bond of membership among its members/shareholders is:

DSCB:15-1306,2102/2303/2702/2903/3101/7102A-2

| The name and address, including number and street, if any, of each incorporator (all incorporators must sign below): | | |
|--|---|--|
| Name PATRICIA M. HUTTER | Address c/o QUARLES & BRADY LLP, 411 EAST WISCONSIN AVENUE | |
| | MILWAUKEE, WI 53202-4497 | |
| 6. The specified effective date, if a | onth/day/year hour, if any | |
| 7. Additional provisions of the arti | cles, if any, attach an 8½ by 11 sheet. | |
| 8. Statutory close corporation only its shares of any class that would 1933 (15 U.S.C. 77a et seq.) | : Neither the corporation nor any shareholder shall make an offering of any of i constitute a "public offering" within the meaning of the Securities Act of | |

IN TESTIMONY WHEREOF, the incorporator(s) has/have signed these Articles of Incorporation this

27th day of DECEMBER

PATRICIA M. HUTTER

Signature

PAGE - 10/11/05 C T System Online

TOTAL P.04

| Articles of An | nendment-Dor (15 Pa.C.S.) | nestic Corpo | ration | |
|--|--|---|--|---------------------------------|
| ☑ Bu | usiness Corporation ouprofit Corporation | (§ 1915) 1 (§ 5915) | | |
| Name Address CT CORP-COUN | | | ent will be returned and address you ent | |
| City State | Zip Code | | | |
| \$70 | | | | |
| | | | | |
| In compliance with the requirements of thing to amend its articles, hereby states that: | he applicable provis | ions (relating to a | rticles of amendm | ent), the undo |
| 1. The name of the corporation is: | | | | 1 77% |
| Brady Identicard, Inc. | | | | |
| commercial registered office provider a | ind the county of ver | nue is (the Depart | iwealth or (b) nan ment is hereby au | thorized to |
| commercial registered office provider a correct the following information to cor | nd the county of ven form to the records City | nue is (the Depart | ment is hereby aud t): Zip | County County County |
| commercial registered office provider a correct the following information to cor (a) Number and Street (b) Name of Commercial Registered Commercial Regis | nd the county of ven form to the records City Office Provider | of the Department State | ment is hereby au it): Zip La | County County County ncaster |
| commercial registered office provider a correct the following information to cor (a) Number and Street (b) Name of Commercial Registered Cc/o C T Corporation System | nd the county of ven form to the records City Office Provider | of the Department State | ment is hereby au it): Zip La | County County County ncaster |
| commercial registered office provider a correct the following information to cor (a) Number and Street (b) Name of Commercial Registered Cc/o C T Corporation System 3. The statute by or under which it was income the commercial registered Corporation System | ond the county of ven form to the records City Office Provider corporated: Penns aber 29, 2005 | of the Department State | ment is hereby au it): Zip La | County County County ncaster |
| commercial registered office provider a correct the following information to cor (a) Number and Street (b) Name of Commercial Registered Cc/o C T Corporation System 3. The statute by or under which it was inceed to the statute of its incorporation: December 1. | ond the county of ven form to the records City Office Provider Corporated: Penns Other 29, 2005 | of the Department State | ment is hereby audit): Zip La ness Corporat | County County ncaster |
| commercial registered office provider a correct the following information to cor (a) Number and Street (b) Name of Commercial Registered Code CT Corporation System 3. The statute by or under which it was income the statute of its incorporation: Decemns 1. Check, and if appropriate complete, one | on filing these Artic | of the Department State | ment is hereby audit): Zip La ness Corporat | County County ncaster |
| commercial registered office provider a correct the following information to cor (a) Number and Street (b) Name of Commercial Registered Cc/o C T Corporation System 3. The statute by or under which it was inceed to the statute of its incorporation: Decemn 5. Check, and if appropriate complete, one The amendment shall be effective up | ond the county of ven form to the records City Office Provider Corporated: Penns Other 29, 2005 The of the following: The one filing these Articles | sylvania Busing the of Amendmental Hour | ment is hereby audit): Zip La ness Corporat | County County ncaster ion Law |
| commercial registered office provider a correct the following information to cor (a) Number and Street (b) Name of Commercial Registered Code CT Corporation System 3. The statute by or under which it was inceed to the statute of its incorporation: Decemn Commercial Registered Code CT Corporation System 4. The date of its incorporation: Decemn Code CT Code Code CT | ond the county of ven form to the records City Office Provider Corporated: Penns Other 29, 2005 The of the following: The one filing these Articles | sylvania Busing the of Amendmental Hour | ment is hereby audit): Zip La ness Corporat Int in the Department in the Departm | County County ncaster ion Law |

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DSCB:15-1915/5915--2

| 6. Check one of the following: | | | | |
|--|---|--|--|--|
| The amendment was adopted by the shareholders or members pursuant to 15 Pa.C.S. § 1914(a) and (b) or § 5914(a). | | | | |
| The amendment was adopted by the board of directors pursuant to 15 Pa. C.S. § 1914(c) or § 5914(b). | | | | |
| | | | | |
| 7. Check, and if appropriate, complete one of the following: | | | | |
| The amendment adopted by the corporation, set forth in full, is as follows | | | | |
| Article 1 is hereby amended to read in its e | entirety as follows: | | | |
| The name of the corporation is IDentical | ard Systems Worldwide, Inc. | | | |
| The amendment adopted by the corporation is set forth in full in Exhibit A attached hereto and made a part hereof. | | | | |
| 8. Check if the amendment restates the Articles: The restated Articles of Incorporation supersede the original articles and all amendments thereto. | | | | |
| | IN TESTIMONY WHEREOF, the undersigned corporation has caused these Articles of Amendment to be signed by a duly authorized officer thereof this day of _February, 2006 | | | |
| BRADY IDENTICARD, INC. Name of Corporation Kathley Johns Signature Vice President Title | | | | |

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF STATE

March 08, 2006

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

IDENTICARD SYSTEMS WORLDWIDE, INC.

I, Pedro A. Cortés, Secretary of the Commonwealth of Pennsylvania do hereby certify that the foregoing and annexed is a true and correct photocopy of Articles of Incorporation

which appear of record in this department

RECORDED: 03/08/2011

IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written.

Secretary of the Commonwealth

STMARTZ