

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
Amresco Inc.		02/01/2011	CORPORATION: OHIO
RECEIVING PARTY DATA			
Name:	Amresco, LLC		
Street Address:	30175 Solon Industrial Parkway		
City:	Solon		
State/Country:	OHIO		
Postal Code:	44139		
Entity Type:	CORPORATION: OHIO		
PROPERTY NUMBERS Total: 2			
Property Type	Number	Word Mark	
Registration Number:	1178723	AMRESCO	
Registration Number:	1665581	AMRESCO	
CORRESPONDENCE DATA			
Fax Number:	(216)621-4072		
Phone:	2166212234		
Email:	clewis@tarolli.com		
<i>Correspondence will be sent to the e-mail address first; if that is unsuccessful, it will be sent via US Mail.</i>			
Correspondent Name:	George L. Pinchak		
Address Line 1:	1300 East Ninth Street		
Address Line 2:	Suite 1700		
Address Line 4:	Cleveland, OHIO 44114		
ATTORNEY DOCKET NUMBER:		8-466 & 11-797	
NAME OF SUBMITTER:		George L. Pinchak	
Signature:		/George L. Pinchak/	

OP \$65.00 1178723

Date:

11/30/2011

Total Attachments: 6

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Form 700 Prescribed by the:
Ohio Secretary of State

Central Ohio: (614) 468-3910
Toll Free: (877) SOS-FILE (767-3453)

www.sos.state.oh.us
Busserv@sos.state.oh.us

Expedite this form: (select one)
Mail form to one of the following:

Expedite PO Box 1390
Columbus, OH 43216

*** Requires an additional fee of \$100 ***

Non Expedite PO Box 1329
Columbus, OH 43216

**CERTIFICATE OF CONVERSION FOR ENTITIES CONVERTING
WITHIN OR OFF THE RECORDS OF THE OHIO SECRETARY OF STATE**
Filing Fee: \$125

(CHECK ONLY ONE (1) BOX)

(1) <input checked="" type="checkbox"/> Converting Within The Records of the Ohio Secretary of State	(2) <input type="checkbox"/> Converting Off The Records of the Ohio Secretary of State (187-VXX)
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Name of the converting entity: AMRESKO INC.

Jurisdiction of Formation: Ohio

Charter/Registration Number: 484505

The converting entity is a:
(Check Only (1) One Box)

<input checked="" type="checkbox"/> Domestic Corporation	<input checked="" type="checkbox"/> Partnership
<input type="checkbox"/> Foreign Corporation	<input checked="" type="checkbox"/> Domestic Limited Partnership
<input type="checkbox"/> Domestic Nonprofit Limited Liability Company	<input checked="" type="checkbox"/> Foreign Limited Partnership
<input type="checkbox"/> Foreign Nonprofit Limited Liability Company	<input checked="" type="checkbox"/> Domestic Limited Liability Partnership
<input type="checkbox"/> Domestic For-Profit Limited Liability Company	<input type="checkbox"/> Foreign Limited Liability Partnership
<input type="checkbox"/> Foreign For-Profit Limited Liability Company	<input type="checkbox"/> Business Trust

The converting entity hereby states that it has complied with all laws in the jurisdiction under which it exists and that those laws permit the conversion.

CLIENT SERVICE CENTER

2011 FEB - 1 AM 10:43

RECEIVED
SECRETARY OF STATE

Name of the converted entity: AMRESKO, LLC

Jurisdiction of Formation: Ohio

The converted entity is a:
(Check Only (1) One Box)

<input checked="" type="checkbox"/> Domestic Corporation	<input type="checkbox"/> Partnership
<input type="checkbox"/> Foreign Corporation	<input checked="" type="checkbox"/> Domestic Limited Partnership
<input type="checkbox"/> Domestic Nonprofit Limited Liability Company	<input checked="" type="checkbox"/> Foreign Limited Partnership
<input type="checkbox"/> Foreign Nonprofit Limited Liability Company	<input checked="" type="checkbox"/> Domestic Limited Liability Partnership
<input checked="" type="checkbox"/> Domestic For-Profit Limited Liability Company	<input type="checkbox"/> Foreign Limited Liability Partnership
<input type="checkbox"/> Foreign For-Profit Limited Liability Company	<input type="checkbox"/> Business Trust

12:01 a.m.

Effective Date 2/02/2011 at _____ (The conversion is effective upon the filing of this certificate or on a later date specified in the certificate that it is not more than ninety days after filing)
(Optional)

Name and address of the person or entity that will provide a copy of the declaration of conversion upon written request.

Theodore Pulkownik
Name

100 Matsonford Road, Bldg. One, Suite 200
Mailing Address

Radnor PA 19087
City State Zip Code

Required information that must accompany conversion certificate if box 2 is checked

If the converting entity is a domestic or foreign entity that will not be licensed in Ohio, provide the name and address of the statutory agent upon whom any process, notice or demand may be served.

Name of Statutory Agent

Mailing Address

City State Zip Code

If the agent is an individual using a P.O. Box, check this box to confirm that the agent is an Ohio resident.

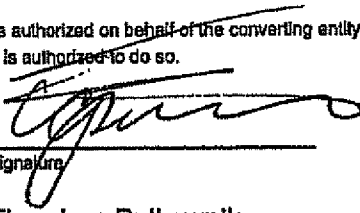
If the converting entity is a domestic or foreign corporation licensed to transact business in Ohio and converting off the records, the certificate of conversion must be accompanied by the affidavits herein attached. (See Instructions)

See instructions for additional filing requirements if

- (1) the conversion creates a new domestic entity,
- (2) the converted entity is a foreign entity that desires to transact business in Ohio, or
- (3) if a foreign or domestic corporation licensed to transact business in this state is the converting entity.

IN WITNESS WHEREOF, the conversion is authorized on behalf of the converting entity and that each person signing the certificate of conversion is authorized to do so.

Required
Must be authenticated (signed)
by an authorized representative.



Signature

2/1/2011
Date

Theodore Pulkownik

Print Name

Secretary

Title

Signature

Date

Print Name

Title

Signature

Date

Print Name

Title



Form 533A Prescribed by the:
Ohio Secretary of State

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Toll Free: (877) SOS-FILE (767-3453)

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Busserv@sos.state.oh.us

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*** Requires an additional fee of \$100 ***

Non Expedite PO Box 670
Columbus, OH 43216

**ARTICLES OF ORGANIZATION FOR A DOMESTIC
LIMITED LIABILITY COMPANY**

Filing Fee: \$125.00

(CHECK ONLY ONE (1) BOX)

<p>(1) <input checked="" type="checkbox"/> Articles of Organization for Domestic For-Profit Limited Liability Company (116-LCA) ORC 1705</p>	<p>(2) <input type="checkbox"/> Articles of Organization for Domestic Nonprofit Limited Liability Company (115-LCA) ORC 1705</p>
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Name of limited liability company
AMRESKO, LLC

Name must include one of the following words or abbreviations: "limited liability company," "limited," "LLC," "L.L.C.," "Ltd.," or "Ltd"

Effective Date _____ (The legal existence of the limited liability company begins upon the filing of the articles or on a later date specified that is not more than ninety days after filing)
(Optional) mm/dd/yyyy

This limited liability company shall exist for _____ Period of Existence
(Optional)

Purpose
(Optional)

Check here if additional provisions are attached

ORIGINAL APPOINTMENT OF AGENT

The undersigned authorized member(s), manager(s) or representative(s) of

AMRESKO, LLC

Name of Limited Liability Company

hereby appoint the following to be Statutory Agent upon whom any process, notice or demand required or permitted by statute to be served upon the limited liability company may be served. The name and address of the agent is

David Camiener

Name of Agent

6681 Cochran Road

Mailing Address

Solon

City

Ohio

State

44139

Zip Code

- If the agent is an individual and using a P.O. Box, check this box to certify the agent is an Ohio resident.

ACCEPTANCE OF APPOINTMENT

The undersigned, named herein as the statutory agent for

AMRESKO, LLC

Name of Limited Liability Company

hereby acknowledges and accepts the appointment of agent for said limited liability company

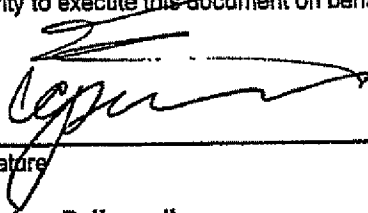
David Camiener

Agent's Signature

By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document on behalf of the limited liability company identified above.

REQUIRED

Articles and original appointment of agent must be authenticated (signed) by a member, manager or other representative.



Signature
Theodore Pulkownik

Print Name

2/1/2011

Date

Signature

Date

Print Name

Signature

Date

Print Name

(See Instructions Below)