

## TRADEMARK ASSIGNMENT

Electronic Version v1.1  
 Stylesheet Version v1.1

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	MERGER		
EFFECTIVE DATE:	04/12/2011		
CONVEYING PARTY DATA			
	Name	Formerly	Execution Date
	DMFCWBS, LLC		04/12/2011
			LIMITED LIABILITY COMPANY: OHIO
RECEIVING PARTY DATA			
Name:	Clarkwestern Dietrich Building Systems LLC		
Street Address:	9100 Centre Pointe Drive, Suite 210		
City:	West Chester		
State/Country:	OHIO		
Postal Code:	45069		
Entity Type:	LIMITED LIABILITY COMPANY: OHIO		
PROPERTY NUMBERS Total: 2			
	Property Type	Number	Word Mark
	Registration Number:	3844631	PROSTUD
	Registration Number:	3858169	PROTRAK
CORRESPONDENCE DATA			
Fax Number:	5136516981		
	<i>Correspondence will be sent to the e-mail address first; if that is unsuccessful, it will be sent via US Mail.</i>		
Phone:	513-651-6800		
Email:	trademarks@fbtlaw.com		
Correspondent Name:	Frost Brown Todd LLC, c/o Monica Dias		
Address Line 1:	3300 Great American Twr., 301 E. 4th St.		
Address Line 4:	Cincinnati, OHIO 45202		
ATTORNEY DOCKET NUMBER:	121667/585224		
NAME OF SUBMITTER:	Monica L. Dias		

OP \$65.00 3844631

TRADEMARK

Signature:	/mld/
Date:	04/24/2012
<p><b>Total Attachments: 12</b> source=Merger - DMFCWBS#page1.tif source=Merger - DMFCWBS#page2.tif source=Merger - DMFCWBS#page3.tif source=Merger - DMFCWBS#page4.tif source=Merger - DMFCWBS#page5.tif source=Merger - DMFCWBS#page6.tif source=Merger - DMFCWBS#page7.tif source=Merger - DMFCWBS#page8.tif source=Merger - DMFCWBS#page9.tif source=Merger - DMFCWBS#page10.tif source=Merger - DMFCWBS#page11.tif source=Merger - DMFCWBS#page12.tif</p>	



DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
04/14/2011	201110300554	MERGER/DOMESTIC (MER)	125.00	.00		.00	.00

**Receipt**

This is not a bill. Please do not remit payment.

FROST BROWN TODD LLC  
 10 W. BROAD ST., STE. 2300  
 ATTN: SALLY L. KAPCAR  
 COLUMBUS, OH 43215

**STATE OF OHIO**  
**CERTIFICATE**

**Ohio Secretary of State, Jon Husted**

**1995754**

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

**CLARKWESTERN DIETRICH BUILDING SYSTEMS LLC**

and, that said business records show the filing and recording of:

Document(s)  
**MERGER/DOMESTIC**

Document No(s):  
**201110300554**



United States of America  
 State of Ohio  
 Office of the Secretary of State

Witness my hand and the seal of  
 the Secretary of State at Columbus,  
 Ohio this 12th day of April, A.D.  
 2011.

Ohio Secretary of State

DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
04/14/2011	201110300554	MERGED OUT OF EXISTENCE (MEX)	.00	.00	.00	.00	.00

**Receipt**

This is not a bill. Please do not remit payment.

FROST BROWN TODD LLC  
 10 W. BROAD ST., STE. 2300  
 ATTN: SALLY L. KAPCAR  
 COLUMBUS, OH 43215

**STATE OF OHIO**  
**CERTIFICATE**

**Ohio Secretary of State, Jon Husted**

**1876055**

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

**DMFCWBS, LLC**

and, that said business records show the filing and recording of:

Document(s)

**MERGED OUT OF EXISTENCE**

Document No(s):

**201110300554**



United States of America  
 State of Ohio  
 Office of the Secretary of State

Witness my hand and the seal of  
 the Secretary of State at Columbus,  
 Ohio this 12th day of April, A.D.  
 2011.

A handwritten signature in cursive script that reads "Jon Husted".

Ohio Secretary of State



Form 551 Prescribed by the:  
 Ohio Secretary of State  
 Central Ohio: (614) 466-3910  
 Toll Free: (877) SOCS-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:  
 PO Box 1360  
 Columbus, OH 43216  Expedite  
 \*\*\* Requires an additional fee of \$100 \*\*\*  
 PO Box 1329  
 Columbus, OH 43216  Non Expedite

**CERTIFICATE OF MERGER**

Filing Fee \$125  
(154-MER)

In accordance with the requirements of Ohio law, the undersigned corporations, banks, savings banks, savings and loan associations, limited liability companies, partnerships, limited partnerships and/or limited liability partnerships, desiring to effect a merger, set forth the following facts:

**I. SURVIVING ENTITY**

A. Name of the entity surviving the merger Clarkwestern Dietrich Building Systems LLC

B. Name Change: As a result of this merger, the name of the surviving entity has been changed to the following

(Complete only if name of surviving entity is changing through the merger)

C. The surviving entity is a (Please check the appropriate box and fill in the appropriate blanks)

Domestic (Ohio) For-Profit Corporation, charter number \_\_\_\_\_

Domestic (Ohio) Nonprofit Corporation, charter number \_\_\_\_\_

Foreign (Non-Ohio) For-Profit Corporation incorporated under the laws of the jurisdiction of \_\_\_\_\_ and licensed to transact business in the state of Ohio under license number \_\_\_\_\_

Foreign (Non-Ohio) For-Profit Corporation incorporated under the laws of the jurisdiction of \_\_\_\_\_ and NOT licensed to transact business in the state of Ohio \_\_\_\_\_

Foreign (Non-Ohio) Nonprofit Corporation under the laws of the jurisdiction of \_\_\_\_\_ and licensed to transact business in the state of Ohio under license number \_\_\_\_\_

Foreign (Non-Ohio) Nonprofit Corporation under the laws of the jurisdiction of \_\_\_\_\_ and NOT licensed to transact business in the state of Ohio \_\_\_\_\_

Domestic (Ohio) For-Profit Limited Liability Company, with registration number 1995754

Domestic (Ohio) Nonprofit Limited Liability Company, with registration number \_\_\_\_\_

Foreign (Non-Ohio) For-Profit Limited Liability Company organized under the laws of the jurisdiction of \_\_\_\_\_ registered to do business in the state of Ohio under registration number \_\_\_\_\_

Foreign (Non-Ohio) For-Profit Limited Liability Company organized under the laws of the jurisdiction of \_\_\_\_\_ and NOT registered to do business in the state of Ohio \_\_\_\_\_

CLIENT SERVICE CENTER

2011 APR 12 PM 4:31

RECEIVED  
SECRETARY OF STATE

- Foreign (Non-Ohio) Nonprofit Limited Liability Company organized under the laws of the jurisdiction of \_\_\_\_\_ and registered to do business in the state of Ohio under registration number \_\_\_\_\_
- Foreign (Non-Ohio) Nonprofit Limited Liability Company organized under the laws of the jurisdiction of \_\_\_\_\_ and NOT registered to do business in the State of Ohio
- Partnership, registration number, if any, \_\_\_\_\_
- Partnership NOT registered with the state of Ohio \_\_\_\_\_
- Domestic (Ohio) Limited Partnership, with registration number \_\_\_\_\_
- Foreign (Non-Ohio) Limited Partnership organized under the laws of the jurisdiction of \_\_\_\_\_ and registered to do business in the state of Ohio under registration number \_\_\_\_\_
- Foreign (Non-Ohio) Limited Partnership organized under the laws of the jurisdiction of \_\_\_\_\_ and NOT registered to do business in the state of Ohio
- Domestic (Ohio) Limited Liability Partnership, with the registration number \_\_\_\_\_
- Foreign (Non-Ohio) Limited Liability Partnership organized under the laws of the jurisdiction of \_\_\_\_\_ and registered to do business in the state of Ohio under registration number \_\_\_\_\_
- Foreign (Non-Ohio) Limited Liability Partnership organized under the laws of the jurisdiction of \_\_\_\_\_ and NOT registered to do business in the state of Ohio

II. CONSTITUENT ENTITY

Provide the name, charter/license/registration number, type of entity, jurisdiction of formation, for each entity merging out of existence. (If this is insufficient space to reflect all merging entities, please attach a separate sheet listing the additional merging entities)

Name	Charter, License, Registration , or Registration Number	Jurisdiction of Formation	Type of Entity
DMFCWBS, LCC	1876055	OH	LLC
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

III. MERGER AGREEMENT ON FILE

The name and mailing address of the person or entity from whom/which eligible persons may obtain a copy of the merger agreement upon written request

Clarkwestern Dietrich Building Systems	9100 Centre Pointe Drive, Suite 210		
Name	Mailing Address		
West Chester	OH	45069	
City	State	Zip Code	

IV. **EFFECTIVE DATE OF MERGER**

This merger is to be effective on \_\_\_\_\_ (The date specified must be on or after the date of the filing; the effective date of the merger cannot be earlier than the date of filing, if no date is 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 each person who signed the certificate on behalf of each entity is authorized to do so.

VI. **STATEMENT OF MERGER**

Upon filing this Certificate of Merger, or upon such later date as specified herein, the merging entity/entities listed herein shall merge into the listed surviving entity.

VII. **STATUTORY AGENT**

If the surviving entity is a foreign entity NOT licensed to transact business in Ohio, OR if the surviving entity is a domestic corporation, limited liability company, or limited partnership entity updating its agent information, provide the name and address of statutory agent upon whom any process, notice or demand may be served.

_____	_____
Name	Mailing Address
_____	_____
City	Ohio State
_____	_____
	Zip Code

VIII. **ACCEPTANCE OF AGENT**

If the new entity is a domestic corporation, domestic limited liability company, partnership or domestic limited partnership, then the agent must accept appointment.

The undersigned, named herein as the statutory agent upon whom service of process against any constituent entity or the surviving entity may be served, hereby acknowledges and accepts the appointment of statutory agent.

_____	_____
Signature of Agent	Date

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

IX. **AMENDMENTS**

In the case of a merger into a domestic corporation, limited liability company, or limited partnership, any amendments to the articles of incorporation, articles of organization, or certificate of limited partnership of the surviving domestic entity shall be filed with the certificate of merger.

Amendments are attached       No Amendments

X. **REQUIREMENTS OF CORPORATIONS MERGING OUT OF EXISTENCE**

If a domestic or foreign corporation licensed to transact business in Ohio is a constituent entity and the surviving or new entity resulting from the merger is not a domestic or foreign corporation that is to be licensed to transact business in Ohio, the certificate of merger must be accompanied by the affidavits, receipts, certificates, or other evidence required by division (H) of section 1701.86 and division (G) of section 1702.47 of the Revised Code with respect to each domestic corporation, and by the affidavits, receipts, certificates, or other evidence required by division (C) or (D) of section 1703.17 of the Revised Code with respect to each foreign constituent corporation licensed to transact business in Ohio.

XI **QUALIFICATION OR LICENSURE OF FOREIGN SURVIVING ENTITY**

- A. The surviving foreign entity desires to transact business in Ohio as a foreign corporation, bank, savings bank, savings and loan, limited liability company, partnership, limited partnership, or limited liability partnership, and hereby appoints the following as its statutory agent upon whom process, notice or demand against the entity may be served in the state of Ohio.

Name \_\_\_\_\_ Mailing Address \_\_\_\_\_  
 City \_\_\_\_\_ Ohio \_\_\_\_\_  
 State \_\_\_\_\_ Zip Code \_\_\_\_\_

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

The surviving foreign corporation, bank, savings bank, savings and loan, limited liability company, limited partnership, or limited liability partnership ("surviving entity") irrevocably consents to (1) service of process on the statutory agent listed above as long as authority of the agent continues, and (2) to service of process upon the Secretary of State of Ohio if the agent cannot be found. If the surviving entity fails to designate another agent, as required by Ohio law, the surviving entity's license or registration to do business in Ohio expires or is canceled.

- B. The qualifying entity also states as follows: (Complete only if applicable)

1. **Foreign Qualifying Corporation (Section 1703.04)**

(If the qualifying entity is a foreign corporation, the following information must be completed.)

- (a) Name of the corporation in its jurisdiction of formation

\_\_\_\_\_

- (b) If the corporate name is not available, the trade name under which it will do business in Ohio

\_\_\_\_\_

- (c) Location and complete address of its principal office

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

- (d) Name of the county in which its principal office in Ohio, if any, is to be located

\_\_\_\_\_

- (e) A brief summary of the corporate purpose to be exercised within Ohio

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- (f) To procure a license to transact business in Ohio, a foreign corporation for-profit must file with the secretary of state a certificate of good standing or subsistence, dated not earlier than 90 days prior to the filing of the application, under the seal of the secretary of state, or other proper official, of the jurisdiction under the laws of which said corporation was incorporated, setting forth: (1) the exact corporate title; (2) the date of incorporation; and (3) the fact that the corporation is in good standing or is a subsisting corporation.



**2 Foreign Notice (Section 1703.031)**

(If the qualifying entity is a foreign bank, savings bank, or savings and loan, the following information must be completed.)

(a) Name of the Foreign nationally/federally chartered bank, savings bank, or savings and loan association

\_\_\_\_\_

(b) Any trade name(s) under which the corporation will conduct business in Ohio

\_\_\_\_\_

(c) Location of the corporation's main office (Non-Ohio)

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

(d) Principal office location in Ohio

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ Ohio State \_\_\_\_\_ Zip Code \_\_\_\_\_

(If there will not be an office in Ohio, please state "None" on the form)

(e) The corporation will exercise the following purpose(s) in Ohio

\_\_\_\_\_

\_\_\_\_\_

**3. Foreign Qualifying Limited Liability Company (Section 1705.54)**

(If the qualifying entity is a foreign limited liability company, the following information must be completed.)

(a) Name of the For-Profit or Nonprofit limited liability company in its jurisdiction of formation

\_\_\_\_\_

(b) Name under which the limited liability company desires to transact business in Ohio (if different from its name in its jurisdiction of formation)

\_\_\_\_\_

(c) The limited liability company was formed on

\_\_\_\_\_ Date

under the laws of the jurisdiction of

\_\_\_\_\_ Jurisdiction

(d) Address to which interested persons may direct requests for copies of the articles of organization, operating agreement, bylaws, or other charter documents of the company

Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

4. Foreign Qualifying Limited Partnership under section 1782.49  
(If the qualifying entity is a foreign limited partnership, the following information must be completed.)

(a) Name of the limited partnership \_\_\_\_\_

(b) The limited partnership was formed on \_\_\_\_\_  
Date

Under the laws of the jurisdiction of \_\_\_\_\_  
Jurisdiction

(c) Address of the office of the limited partnership in its jurisdiction of formation

Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

(d) Address of the limited partnership's principal office

Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

(e) The names and business or residence addresses of the general partners of the partnership are as follows:

Name \_\_\_\_\_ Mailing Address \_\_\_\_\_  
Name \_\_\_\_\_ Mailing Address \_\_\_\_\_  
Name \_\_\_\_\_ Mailing Address \_\_\_\_\_  
Name \_\_\_\_\_ Mailing Address \_\_\_\_\_

(Please attach additional separate sheet(s) listing other general partners and their addresses as needed)

- (f) The address of the office where a list of the names and business or residence addresses of the limited partners and their respective capital contributions is to be maintained

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City State Zip Code

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

**5. Foreign Qualifying Limited Liability Partnership (Section 1776.36)** (if the qualifying entity is a foreign limited liability partnership, the following information must be completed.)

- (a) Name of the partnership

\_\_\_\_\_  
Name must include one of the following phrases or abbreviations: "registered limited liability partnership," "limited liability partnership," "R.L.L.P.," "L.L.P.," "RLLP," or "LLP."

- (b) The partnership was formed under the laws of the jurisdiction of \_\_\_\_\_

- (c) Address of the partnership's chief executive office

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City State Zip Code

- (d) If the chief executive office is not in Ohio, the address of any office of the partnership in Ohio, if one exists

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City State Zip Code

- (e) Foreign limited liability partnership must attach evidence of existence in its jurisdiction of formation (origin).

(Proceed to page 8 for signatures of authorized officers, partners and representatives.)

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

Clarkwestern Dietrich Building Systems LLC

Exact name of entity  
By: Claudia J. Chubb  
Signature  
Its: Secretary  
Title  
Date: 4/12/11

DMFCWBS, LLC

Exact name of entity  
By: [Signature]  
Signature  
Its: Manager  
Title  
Date: 4/12/11

Exact name of entity  
By: \_\_\_\_\_  
Signature  
Its: \_\_\_\_\_  
Title  
Date: \_\_\_\_\_

Exact name of entity  
By: \_\_\_\_\_  
Signature  
Its: \_\_\_\_\_  
Title  
Date: \_\_\_\_\_

Exact name of entity  
By: \_\_\_\_\_  
Signature  
Its: \_\_\_\_\_  
Title  
Date: \_\_\_\_\_

An authorized representative of each constituent corporation, partnership, or entity must sign the merger certificate (ORC 1701.31(A), 1702.43 (A), 1705.38(A), 1776.70(A), 1782.433(A)).

AFFIDAVIT RELEASES FROM VARIOUS GOVERNMENTAL AUTHORITIES

Exact Name of Corporation \_\_\_\_\_

If a foreign or domestic corporation licensed to transact business in Ohio is a constituent entity, the certificate of merger must be accompanied by the affidavits, receipts, certificates, or other evidence as required by Ohio law.

<b>AGENCY</b> Ohio Department of Taxation Dissolution Section 4485 Northland Ridge Blvd. Columbus, Ohio 43229	<b>DATE NOTIFIED</b> _____	<b>AGENCY</b> Ohio Job & Family Services Status and Liability Section Data Correspondence Control Fax: 614-752-4811 Phone: 614-466-2319 <b>Overnight:</b> 4020 East 5th Avenue Columbus, OH 43219-1811	<b>DATE NOTIFIED</b> _____
<b>AGENCY</b> Ohio Bureau of Workers' Compensation 30 W. Spring Street Columbus, OH 43215	<b>DATE NOTIFIED</b> _____	<b>TREASURER</b> The treasurer of any county in in which the corporation has personal property: _____ _____ _____	<b>DATE NOTIFIED</b> _____

Note: This affidavit must be signed by one or more persons executing the certificate of merger or by an office of the corporation.

Signature \_\_\_\_\_ Title \_\_\_\_\_

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Acknowledged before me and subscribed in my presence on \_\_\_\_\_ Date \_\_\_\_\_

Seal  
Notary Public \_\_\_\_\_  
Commission Expires \_\_\_\_\_  
Date \_\_\_\_\_

**AFFIDAVIT OF PERSONAL PROPERTY**

STATE OF \_\_\_\_\_

County: \_\_\_\_\_ SS:

\_\_\_\_\_, being first duly sworn, deposes and says that he/she is  
Name of Officer

\_\_\_\_\_ of \_\_\_\_\_  
Title of Officer Name of Corporation

and that this affidavit is made in compliance with Section 1701.811(B)(4) of the Ohio Revised Code.

That above-named corporation: (Check one (1) of the following)

- Has no personal property in any county in Ohio
- Is the type required to pay personal property taxes to state authorities only
- Has personal property only in the following county (ies)

\_\_\_\_\_

and that the net assets of said corporation are sufficient to pay all personal property taxes accrued to date.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Acknowledged before me and subscribed in my presence on \_\_\_\_\_ Date \_\_\_\_\_

Seal \_\_\_\_\_  
Notary Public

Expiration date of Notary Public's Commission \_\_\_\_\_  
Date