## 900225013 06/06/2012

# TRADEMARK ASSIGNMENT

Electronic Version v1.1 Stylesheet Version v1.1

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	Conversion

## **CONVEYING PARTY DATA**

Name	Formerly	Execution Date	Entity Type
MDC Acquisition Co.		05/12/2010	CORPORATION:

## **RECEIVING PARTY DATA**

Name:	MDC Acquisition Co., LLC
Street Address:	1810 Summit Commerce Park
City:	Twinsburg
State/Country:	ОНЮ
Postal Code:	44087
Entity Type:	LIMITED LIABILITY COMPANY: OHIO

## PROPERTY NUMBERS Total: 1

Property Type	Number	Word Mark
Registration Number:	1957523	THE SUPER SOURCE FOR FITNESS

## **CORRESPONDENCE DATA**

**Fax Number**: 2165796073

Correspondence will be sent to the e-mail address first; if that is unsuccessful, it will be sent

via US Mail.

Phone: 216.579.1700

Email: cgaffney@pearne.com
Correspondent Name: Michael W. Garvey
Address Line 1: 1801 East 9th Street

Address Line 2: Suite 1200

Address Line 4: Cleveland, OHIO 44114-3108

ATTORNEY DOCKET NUMBER:	MDC 44106
NAME OF SUBMITTER:	Michael W. Garvey
Signature:	/michaelwgarvey/
I	

TRADEMARK REEL: 004796 FRAME: 0001

900225013

CH \$40 00

Date:	06/06/2012
Total Attachments: 9 source=MDC to MDC LLC#page1.tif source=MDC to MDC LLC#page2.tif source=MDC to MDC LLC#page3.tif source=MDC to MDC LLC#page4.tif source=MDC to MDC LLC#page5.tif source=MDC to MDC LLC#page6.tif source=MDC to MDC LLC#page7.tif source=MDC to MDC LLC#page8.tif source=MDC to MDC LLC#page9.tif	



DATE: 05/14/2010

DOCUMENT ID 201013301118

DESCRIPTION CONVERSION WITHIN SOS RECORDS (CVS)

COPY .00

Receipt

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

WALTER & HAVERFIELD LLP ATTN: REGINALD JORDAN 1301 EAST NINTH STREET, SUITE 3500 CLEVELAND, OH 44114

# STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jennifer Brunner

980052

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

MDC ACQUISITION CO., LLC

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

Document(s)

CONVERSION WITHIN SOS RECORDS

( CHANGE BUSINESS TYPE DOM. PROFIT LIM. LIAB. CO. )

Document No(s):

201013301118



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 May, A.D.

Ohio Secretary of State

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Form 700 Prescribed by the: Ohio Secretary of State

Central Ohio: (614) 466-3910 Toli Free: (877) SOS-FILE (767-3453)

www.sos.state.ch.us Busserv@scs.state.ch.us

	this form:	
Mail form	to one of th	e 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

(1) Converting Within The Secretary of State	Records of the Ohio	(2)	Converting Off The Records of the Ohio Secretary of State (187-VXX)
Name of the converting entity:	MD	C Acq	uisition Co.
durisdiction of Formation:	Ohio		
Charter/Registration Number:	980052		
The converting entity is a:			
Check Only (1) One Box)  Domestic Corporation			Partnership
Foreign Corporation			Domestic Limited Partnership
Domestic Nonprofit Lim	ited Liability Company		Foreign Limited Partnership
Foreign Nonprofit Limits			
Domestic For-Profit Lim		0	Foreign Limited Liability Partnership
Foreign For-Profit Limits	ed Liability Company		Business Trust

Name of the converted entity: MDC		Acquisition Co., LLC		
Jurisdiction of Formation:	Ohio			
The converted entity is a:				
(Check Only (1) One Box)				
Domestic Corporation		Partnership		
Foreign Corporation		Domestic Limited Partnership		
Domestic Nonprofit Lim	ited Liability Company	Foreign Limited Partnership		
■ Foreign Nonprofit Limit	ed Liability Company	Domestic Limited Liability Partnership		
Domestic For-Profit Lin	rited Liability Company	☐ Foreign Limited Liability Partnership		
Foreign For-Profit Limit	ed Liability Company	■ Business Trust		

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2010 MAY 12 PM 3: 31

Effective Date (Optional)	(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)					
	·		•			
ame and address of the person or entity that will provide a copy of the declaration of conversion upon written equest. 1032 Species Corp.						
	1932 Service Corp.					
Name						
		1301 East Ninth Street, Suite 3500				
	Mailing Address					
	Cleveland	OH	44114			
	City	State	Zip Code			
equired info	mation that must accompany c	onversion certificate if box	2 is checked			
Name	of Statutory Agent					
Mailing	Address	• •				
City		State	Zip Code			
Oily		State	Elp Occia			
_	agent is an individual using a P. Dhio resident.	O. Box, check this box to o	confirm that the agent			
		•	at business in Ohio and converting off its herein attached. (See Instructions)			
	ns for additional filing requirem					
	conversion creates a new dom converted entity is a foreign er	• •	t husiness in Ohio or			
		•	iness in this state is the converting			
entity.			_			

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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.

Sidaarure

5/12/10

Kurt Packer

Print Name

Chief Financial Officer

Title

Signature

Date

Print Name

Title

Signature

Date

Print Name

Title

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#### AFFIDAVIT RELEASES FROM VARIOUS GOVERNMENTAL AUTHORITIES

MDC Acquisition Co.
Event Name of Cornerstian

If a foreign or domestic corporation licensed to transact business in Ohio is the converting entity, the certificate of conversion must be accompanied by the affidavits, receipts, certificates, or other evidence required by division (H) of section 1701.811(B)(4) of the Revised Gode.

AGENCY	DATE NOTIFIED	AGENCY	DATE NOTIFIED
Ohio Department of Taxation Dissolution Section 4485 Northland Ridge Blvd.	5/12/10	Ohio Job & Family Services Status and Liabitty Section Data Correspondence Control	5/12/10
Columbus, Ohio 43229	3/12/10	Fax: 614-752-4811 Phone: 614-468-2319 Overnight:	Regular:
1		4020 East 5th Avenue	P.O. Box 182413
		Columbus, OH 43219-1611	Columbus, OH 43218-2413
AGENCY Ohio Bureau of Workers* Compensation	DATE NOTIFIED	TREASURER DATE NOTIFIED The treasurer of any county in which the corporation has personal property:	
30 W. Spring Street Columbus, OH 43215	5/12/10	Summit	5/12/10

Note: This affidavit must be signed by one or more persons executing the certificate of conversion or by

Title CFO

Kurt Packer

Acknowledged before me and subscribed in my presence on

Commission Expires 200 DIANAPE RINK

Notary Public, State of Ohio Recorded in Cuyahoga County My Commission Exp.: Nov. 18, 2014

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## AFFIDAVIT OF PERSONAL PROPERTY

STATE OF	Ohio			
County_	Viernits.	_ <del></del>		
Kurt Pacl	er			
Name of Office	at.			
CFO		of	MDC Acqu	uisítion Co.
Title of Officer		•	Name of Corpor	ation
and that this at	fidavit is made in compile	ance with	Section 1701.81	(B)(4) of the Ohio Revised Code.
That above-na	med corporation: (Check	one (1)	of the following)	
	Has no personal prope	rty in any	y county in Ohio	
E	Is the type required to	pay pers	onal property taxe	s to state authorities only
Has personal property only in the following county (les)     Summit				
and that the ne	t assets of said corporati	ion are s	ufficient to pay all	personal property taxes accrued to date.
Signatu		R	S Title:	CFO.
Acknowledged	before me and subscribe	ed iki biy	presence on	Date <u>S/12/10</u>
Seal		Notary	Public P	DIANA B. RINK Notary Public, State of Ohlo Recorded in Cuyahoga Count My Commission Exp.: Nov. 18, 201
Expiration date	of Notary Public's Comn	nission	<u> </u>	,2014

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05/12/2010 16:00

2165750911

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(CHECK ONLY ONE (1) BOX)

(115-LCA)

(1) Articles of Organization for Domestic

For-Profit Limited Liability Company

### Form 533A Prescribed by the: Ohio Secretary of State

Central Ohio: (614) 486-3910 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

(2) Articles of Organization for Domestic

(115-LCA)

Nonprofit Limited Liability Company

PO Box 1390

Columbus, OH 43216

O Non Expedite PO Box 670

Columbus, OH 43216

2010 MAY 12 PM 3:57 OHAL OFF.

ARTICLES OF ORGANIZATION FOR A DOMESTIC LIMITED LIABILITY COMPANY Filing Fee: \$125.00

ORC 1705		ORO ITVO	
lame of limited liab	ility company		
MDC Acquisition	Co., LLC of the following words o	or abbreviations: "limited liability company," "limited," "LLC," "L.C.," "itd., "or "itd"	
Effective Date Optional)	mm/dd/yyyy	(The legal existence of the limited flability company begins upon the filing of the articles or on a later date specified that is not more than ninety days after filing)	
This limited liability Optional)	company shall exi	st for Period of Existence	
Purpose (Optional)			
,			
☐ Check here if a	additional provisi	ons are attached	

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ORI	GINAL APPOINTMENT	OF AGENT
The undersigned authorize	ed member(s), manager(s) or repr	esentative(s) of
MDC Acquisition Co., I	LLC	
	Name of Limited Liability	y Company ·
hereby appoint the following or permitted by statute to address of the agent is	ng to be Statutory Agent upon who be served upon the limited liability	om any process, notice or demand requi company may be served. The name ar
1932 Service Corp.		'
Name of Agent		•
Mailing Address  Cleveland	Ohlo	44114
City	State	Zip Code
Ohio resident.	tual and using a P.O. Box, check	k this box to certify the agent is an
The undersigned, named	herein as the statutory agent for	
	***	
MDC Acquisition Co.,		······································
MDC Acquisition Co.,	Name of Limited Liabili	ty Company
	Name of Limited Liabili	ty Company nt for said limited llability company
hereby acknowledges an	Name of Limited Liabili	nt for said limited liability company

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2165750911

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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.

-11/

Print Name

REQUIRED

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

Signature	

Kurt Packer	
Print Name	

Signature	

Signature		 
Signature		

Print Name	
Purit Marria	

(See Instructions Below)

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Date

Date

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