

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
Xycom Automation, LLC		12/31/2008	LIMITED LIABILITY COMPANY: DELAWARE
RECEIVING PARTY DATA			
Name:	Pro-face America, LLC		
Street Address:	2711 Centerville Road		
Internal Address:	Suite 400		
City:	Wilmington		
State/Country:	DELAWARE		
Postal Code:	19808		
Entity Type:	LIMITED LIABILITY COMPANY: DELAWARE		
PROPERTY NUMBERS Total: 1			
Property Type	Number	Word Mark	
Registration Number:	1210295	XYCOM	
CORRESPONDENCE DATA			
Fax Number:	3124635001		
<i>Correspondence will be sent to the e-mail address first; if that is unsuccessful, it will be sent via US Mail.</i>			
Phone:	312-463-5000		
Email:	bwptotm@bannerwitcoff.com		
Correspondent Name:	Richard S. Stockton		
Address Line 1:	10 South Wacker Drive		
Address Line 2:	Suite 3000		
Address Line 4:	Chicago, ILLINOIS 60606		
ATTORNEY DOCKET NUMBER:	500402.00665		
NAME OF SUBMITTER:	Richard S. Stockton		

Signature:	/Richard S. Stockton/
Date:	09/19/2012
Total Attachments: 2 source=XYCOM LLC Change of Name#page1.tif source=XYCOM LLC Change of Name#page2.tif	

MICHIGAN DEPARTMENT OF LABOR & ECONOMIC GROWTH BUREAU OF COMMERCIAL SERVICES	
Date Received	(FOR BUREAU USE ONLY)
FEB 24 2009	This document is effective on the date filed, unless a subsequent effective date within 90 days after received date is stated in the document.
Name Victor G. Copeland	FEB 24 2009 Administrator BUREAU OF COMMERCIAL SERVICES EFFECTIVE DATE:
Address 1415 S. Roselle Road	
City State Zip Code Willowbrook IL 60067	

Document will be returned to the name and address you enter above. If left blank document will be mailed to the registered office.

CERTIFICATE AMENDING APPLICATION FOR CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN MICHIGAN
 For use by Foreign Limited Liability Companies
 (Please read information and instructions on the last page)

Pursuant to the provisions of Act 23, Public Acts of 1993, the undersigned limited liability company executes the following Certificate:

1. The name of the limited liability company is: Xycom Automation, LLC

2. If the name in Item 1 was not available for use in Michigan, the assumed name adopted when obtaining the Certificate of Authority is:

3. The identification number assigned by the Bureau is: B9345R

4. It is organized under the laws of Delaware

5. The limited liability company was authorized to transact business in Michigan on the 3rd day of January, 2006

6. The duration of the limited liability company if other than perpetual is _____

7. If the name of the limited liability company has changed, its new name is:
Pro-face America, LLC

The effective date of the name change was the 31st day of December, 2008 and the name change was made in compliance with the laws of the jurisdiction of its organization.

8. Complete this item only if the new name in Item 7 is not available for use in Michigan. The assumed name of the limited liability company to be used in all its dealings with the Bureau and in the transaction of its business in Michigan is:

9. If the assumed name in Item 2 has changed, the new name is:

1252 W113 118709

10. The address of the office required to be maintained in the jurisdiction of its organization or, if not so required, the principal office of the limited liability company is:

2711 Centerville Road Suite 400 Wilmington DE 19808
(Street Address) (City) (State) (Zip Code)

11. a. The address of its registered office in Michigan is:

601 Abbott Road East Lansing , Michigan 48823
(StreetAddress) (City) (ZIP Code)

b. The mailing address of the registered office in Michigan if different than above:

_____, Michigan _____
(Street Address or P.O. Box) (City) (ZIP Code)

c. The name of the resident agent at the registered office is:

CSC-Lawyers Incorporating Service Company

12. The Department is appointed the agent of the foreign limited liability company for service of process if no agent has been appointed, or if appointed, the agent's authority has been revoked, the agent has resigned, or the agent cannot be found or served through the exercise of reasonable diligence.

The name and address of a member or manager or other person to whom the administrator is to send copies of any process served on the administrator is: **(Must be different than agent shown in Item 11c)**

Sqaure D Company Attn: Legal Dept.

(Name)

1415 S. Roselle Rd. Palatine IL 60067
(StreetAddress) (City) (State) (ZIP Code)

13. If the business the foreign limited liability company proposes to do in this State is to be enlarged, limited, or otherwise changed, the specific business which the limited liability company is to transact in Michigan is as follows:

The limited liability company is authorized to transact such business or conduct such affairs in the jurisdiction of its organization.

Signed this 23rd day of February, 2009

By Victor G. Copeland
(Signature)

Sqaure D Company, Sole Member, by Victor G. Copeland, Asst. Secretary

(Type or Print Name)

(Type or Print Title)