

TRADEMARK ASSIGNMENT

Electronic Version v1.1  
 Stylesheet Version v1.1

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	CHANGE OF NAME		
<b>CONVEYING PARTY DATA</b>			
<b>Name</b>	<b>Formerly</b>	<b>Execution Date</b>	<b>Entity Type</b>
USI Insurance Solutions Corporation		09/27/2012	CORPORATION: MAINE
<b>RECEIVING PARTY DATA</b>			
<b>Name:</b>	USI Insurance Solutions LLC		
<b>Street Address:</b>	555 Pleasantville Road		
<b>Internal Address:</b>	Suite 160 South		
<b>City:</b>	Briarcliff Manor		
<b>State/Country:</b>	NEW YORK		
<b>Postal Code:</b>	10510		
<b>Entity Type:</b>	LIMITED LIABILITY COMPANY: MAINE		
<b>PROPERTY NUMBERS Total: 1</b>			
<b>Property Type</b>	<b>Number</b>	<b>Word Mark</b>	
Registration Number:	3374910	FUTURECOMP	
<b>CORRESPONDENCE DATA</b>			
Fax Number:	2029555564		
	<i>Correspondence will be sent to the e-mail address first; if that is unsuccessful, it will be sent via US Mail.</i>		
Email:	kimberly.hoover@hklaw.com		
Correspondent Name:	Kimberly Hoover		
Address Line 1:	800 17th Street NW		
Address Line 4:	Washington, DISTRICT OF COLUMBIA 20006		
ATTORNEY DOCKET NUMBER:	083471-61		
NAME OF SUBMITTER:	Kimberly Hoover		
Signature:	/Kimberly Hoover/		

OP \$40.00 3374910

Date:

12/21/2012

**Total Attachments: 5**

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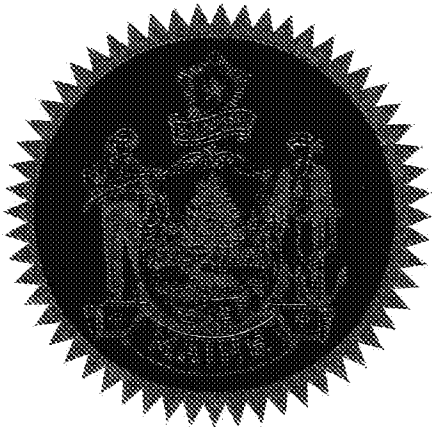
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# State of Maine




## Department of the Secretary of State

I, the Secretary of State of Maine, certify that according to the provisions of the Constitution and Laws of the State of Maine, the Department of the Secretary of State is the legal custodian of the Great Seal of the State of Maine which is hereunto affixed and that the paper to which this is attached is a true copy from the records of this Department.



In Testimony Whereof, I have caused the Great Seal of the State of Maine to be hereunto affixed. Given under my hand at Augusta, Maine, September 27, 2012.

  
CHARLES E. SUMMERS, JR.  
SECRETARY OF STATE

STATE OF MAINE

File No. 20130928DC Pages 4  
File No. 19100003 D  
Fee Paid \$ 175  
DCN 2122712700023 CONV  
FILED EFFECTIVE  
09/27/2012 09/27/2012

STATEMENT OF CONVERSION  
(Relating to a Limited Liability Company)

Pursuant to 31 M.R.S.A. §1647 the undersigned organization executes and delivers the following statement that it has converted into another organization.



Deputy Secretary of State

A True Copy When Attested By Signature

Deputy Secretary of State

FIRST: Converting Organization

The name of the converting organization: USI Insurance Solutions Corporation  
The form of the converting organization: Corporation  
The jurisdiction of the converting organization's governing statute: Maine  
The date of its organization: May 19, 1910

SECOND: Converted (Resulting) Organization

The name of the converted (resulting) organization: USI Insurance Solutions LLC  
The form of the converted (resulting) organization: Limited Liability Company  
The jurisdiction of the converted (resulting) organization's governing statute: Maine  
The date of its organization: May 19, 1910  
The address of its principal office is: 555 Pleasantville Road, Suite 160 South, Briarcliff Manor, NY 10510

THIRD: The date the conversion is effective under the governing statute of the converted organization: upon filing

FOURTH: The conversion was approved as required by 31 M.R.S.A. Chapter 21 and the limited liability company agreement.

FIFTH: The conversion was approved as required by the governing statute of the converted organization.

SIXTH: (Foreign Converted Organization Only)

The foreign converted organization acknowledges it may be served with process in this State by certified mail and the address of its principal office for the purposes of §1648.3 is:

\_\_\_\_\_  
(Principal office address)

\_\_\_\_\_  
(Principal office address)

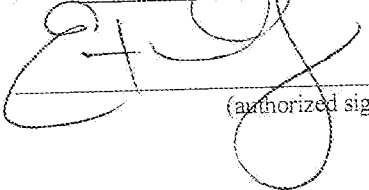
Form No. MLLC-Conv (1 of 2)

**SEVENTH: Result of Conversion (Select One)**

- The organizing document for the converted (resulting) organization is attached as Exhibit A, and made a part hereof; or
- The converted (resulting) is an organization not required to file with the Maine Secretary of State's office.

**Must Be Completed by the Converting Organization**

Dated September 25 2012

  
\_\_\_\_\_  
(authorized signature)

\_\_\_\_\_  
(authorized signature)

Ernest J. Newborn, Manager  
\_\_\_\_\_  
(type or print name and capacity)

\_\_\_\_\_  
(type or print name and capacity)

**Filing Fee:** If the converted (resulting) organization is a:

<b>Business Corporation:</b>	<b>Filing fee is \$145</b>
<b>Nonprofit Corporation:</b>	<b>Filing fee is \$40</b>
<b>Limited Partnership:</b>	<b>Filing fee \$175</b>
<b>Limited Liability Company:</b>	<b>Filing fee is \$175</b>
<b>Limited Liability Partnership:</b>	<b>Filing fee is \$175</b>
<b>Partnership:</b>	<b>Filing fee is \$175</b>

Pursuant to 31 MRSA §§1647 and 1676.1, this Statement of Conversion must be signed by a person authorized by each constituent organization that is party to this conversion.

The execution of this certificate constitutes an oath or affirmation, under the penalties of false swearing under 17-A MRSA §453.

Please remit your payment made payable to the Maine Secretary of State.

Submit completed form to:

**Secretary of State**  
**Division of Corporations, UCC and Commissions**  
**101 State House Station**  
**Augusta, ME 04333-0101**  
Telephone Inquiries: (207) 624-7752

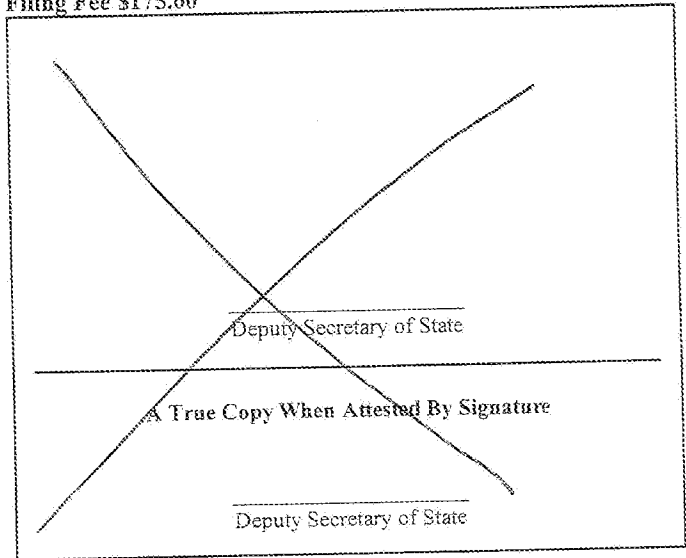
Email Inquiries: [CEC.Corporations@Maine.gov](mailto:CEC.Corporations@Maine.gov)

MAINE  
LIMITED LIABILITY COMPANY

STATE OF MAINE

CERTIFICATE OF FORMATION

Filing Fee \$175.00



Pursuant to 31 MRSA §1531, the undersigned executes and delivers the following Certificate of Formation:

**FIRST:** The name of the limited liability company is:

USI Insurance Solutions LLC

(A limited liability company name must contain the words "limited liability company" or "limited company" or the abbreviation "LLC," "LLC," "L.C." or "LC" or, in the case of a low-profit limited liability company, "L3C" or "l3c" - see 31 MRSA 1508.)

**SECOND:** Filing Date: (select one)

- Date of this filing; or  
 Later effective date (specified here): \_\_\_\_\_

**THIRD:** Designation as a low profit LLC (Check only if applicable):

- This is a low-profit limited liability company pursuant to 31 MRSA §1611 meeting all qualifications set forth here:
- A. The company intends to qualify as a low-profit limited liability company;
  - B. The company must at all times significantly further the accomplishment of one or more of the charitable or educational purposes within the meaning of Section 170(c)(2)(B) of the Internal Revenue Code of 1986, as it may be amended, revised or succeeded, and must list the specific charitable or educational purposes the company will further;
  - C. No significant purpose of the company is the production of income or the appreciation of property. The fact that a person produces significant income or capital appreciation is not, in the absence of other factors, conclusive evidence of a significant purpose involving the production of income or the appreciation of property; and
  - D. No purpose of the company is to accomplish one or more political or legislative purpose within the meaning of Section 170(c)(2)(D) of the Internal Revenue Code of 1986, or its successor.

**FOURTH:** Designation as a professional LLC (Check only if applicable):

- This is a professional limited liability company\* formed pursuant to 13 MRSA Chapter 22-A to provide the following professional services:

\_\_\_\_\_  
(Type of professional services)

**FIFTH:** The Registered Agent is a: (select **either** a Commercial or Noncommercial Registered Agent)

Commercial Registered Agent CRA Public Number: P10000

C T Corporation System

(Name of commercial registered agent)

Noncommercial Registered Agent

(Name of noncommercial registered agent)

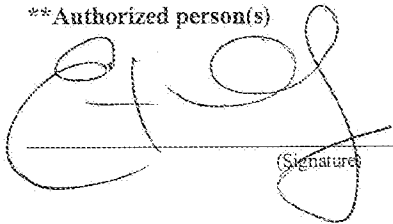
(physical location, not P.O. Box -- street, city, state and zip code)

(mailing address if different from above)

**SIXTH:** Pursuant to 5 MRSA §105.2, the registered agent listed above has consented to serve as the registered agent for this limited liability company.

**SEVENTH:** Other matters the members determine to include are set forth in the attached Exhibit \_\_\_\_\_, and made a part hereof.

\*\*Authorized person(s)



(Signature)

Dated September 29, 2012

Ernest J. Newborn, Manager

(Type or print name and capacity)

(Signature)

(Type or print name and capacity)

\*Examples of professional service limited liability companies are accountants, attorneys, chiropractors, dentists, registered nurses and veterinarians. (This is not an inclusive list – see 13 MRSA §723.7)

\*\*Pursuant to 31 MRSA §1676.1.A, Certificate of Formation MUST be signed by at least one authorized person.

The execution of this certificate constitutes an oath or affirmation under the penalties of false swearing under 17-A MRSA §453.

Please remit your payment made payable to the Maine Secretary of State.

Submit completed form to:

Secretary of State  
Division of Corporations, UCC and Commissions  
101 State House Station  
Augusta, ME 04333-0101  
Telephone Inquiries: (207) 624-7752

Email Inquiries: CEC.Corporations@Maine.gov