

TRADEMARK ASSIGNMENT

Electronic Version v1.1  
 Stylesheet Version v1.1

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	Conversion Within the Ohio Secretary of State Records		
<b>CONVEYING PARTY DATA</b>			
Name	Formerly	Execution Date	Entity Type
Avtron Manufacturing, Inc.		11/08/2007	CORPORATION: OHIO
<b>RECEIVING PARTY DATA</b>			
Name:	Avtron Aerospace, LLC		
Street Address:	7900 E. Pleasant Valley Road		
City:	Independence		
State/Country:	OHIO		
Postal Code:	44131		
Entity Type:	LIMITED LIABILITY COMPANY: OHIO		
<b>PROPERTY NUMBERS Total: 1</b>			
Property Type	Number	Word Mark	
Registration Number:	1495688	AVTRON	
<b>CORRESPONDENCE DATA</b>			
Fax Number:	2165790212		
<i>Correspondence will be sent to the e-mail address first; if that is unsuccessful, it will be sent via US Mail.</i>			
Phone:	(216) 586-7796		
Email:	skoston@jonesday.com		
Correspondent Name:	Jones Day		
Address Line 1:	901 Lakeside Avenue		
Address Line 2:	North Point		
Address Line 4:	Cleveland, OHIO 44114		
ATTORNEY DOCKET NUMBER:	704773600006/AVTRON		
NAME OF SUBMITTER:	Sheryl H. Love		
Signature:	/Sheryl H. Love/		

CH \$40.00 1495688

Date:

12/02/2013

**Total Attachments: 8**

source=Aerospace Certificate of Conversion#page1.tif

source=Aerospace Certificate of Conversion#page2.tif

source=Aerospace Certificate of Conversion#page3.tif

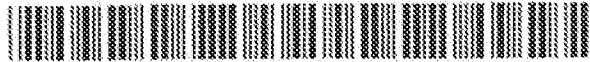
source=Aerospace Certificate of Conversion#page4.tif

source=Aerospace Certificate of Conversion#page5.tif

source=Aerospace Certificate of Conversion#page6.tif

source=Aerospace Certificate of Conversion#page7.tif

source=Aerospace Certificate of Conversion#page8.tif



DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
11/08/2007	200731200390	CONVERSION WITHIN SOS RECORDS (CVS)	125.00	100.00	.00	20.00	20.00

**Receipt**

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

THOMPSON HINE LLP  
ATTN: CAROL R. RUSSELL  
10 W. BROAD ST., #700  
COLUMBUS, OH 43215

**STATE OF OHIO  
CERTIFICATE**

Ohio Secretary of State, Jennifer Brunner

234903

It is hereby certified that the Secretary of State of Ohio has custody of the business records for  
**AVTRON AEROSPACE, LLC**

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

Document(s)

**CONVERSION WITHIN SOS RECORDS**  
(CHANGE BUSINESS TYPE DOM. LIMITED LIABILITY CO.)

Document No(s):

200731200390



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 8th day of November,  
A.D. 2007.

Ohio Secretary of State

**TRADEMARK**  
**REEL: 005164 FRAME: 0449**



Prescribed by  
Ohio Secretary of State  
Central Ohio: (614) 466-3910  
Toll Free: 1-877-SOS-FILE (1-877-767-3453)

Mail Form to one of the following:	
<input checked="" type="radio"/> Expedite	P.O. Box 1328 Columbus, OH 43216 *** Requires an additional \$100.00 fee ***
<input type="radio"/> Non Expedite	P.O. Box 1328 Columbus, OH 43216

**CERTIFICATE OF CONVERSION**  
FOR ENTITIES CONVERTING WITHIN OR OFF THE RECORDS OF THE OHIO SECRETARY OF STATE  
Filing Fee \$125.00

Pursuant to: 1701.811, 1705.381, 1775.55, and 1782.4310 of the Revised Code for the State of Ohio, (as applicable), the undersigned converting business entity does hereby submit these Articles of Conversion for the purpose of converting to a different business entity.

<p><b>Box 1</b> <input checked="" type="checkbox"/> <b>Converting Within The Records of the Ohio Secretary of State</b></p>	<p><b>Box 2</b> <input type="checkbox"/> <b>Converting Off The Records of the Ohio Secretary of State</b></p>
---	---

Complete the information in this section if Box 1 or Box 2 is checked above

The name of the converting business entity is Avtron Manufacturing, Inc.  
existing under the laws of the state or country of Ohio

The converting business entity is (Check One)

<input checked="" type="checkbox"/> Domestic Corporation	<input type="checkbox"/> Domestic Limited Liability Co.
<input type="checkbox"/> Domestic Partnerships	<input type="checkbox"/> Domestic Limited Partnership
<input type="checkbox"/> Foreign Corporation	<input type="checkbox"/> Domestic Limited Liability Partnership
<input type="checkbox"/> Foreign Limited Liability Co.	<input type="checkbox"/> Foreign Limited Partnership
<input type="checkbox"/> Foreign Limited Liability Partnership	<input type="checkbox"/> Business Trust

The converting entity hereby states they have complied with all laws under the state in which it exists. Furthermore, said law permits for said conversion.

The resulting business entity is (Check One)

<input type="checkbox"/> Domestic Corporation	<input checked="" type="checkbox"/> Domestic Limited Liability Co.
<input type="checkbox"/> Domestic Partnerships	<input type="checkbox"/> Domestic Limited Partnership
<input type="checkbox"/> Foreign Corporation	<input type="checkbox"/> Domestic Limited Liability Partnership
<input type="checkbox"/> Foreign Limited Liability Co.	<input type="checkbox"/> Foreign Limited Partnership
<input type="checkbox"/> Foreign Limited Liability Partnership	<input type="checkbox"/> Business Trust

The name of the resulting business entity is Avtron Aerospace, LLC  
existing under the laws of state or country of Ohio

The effective date of conversion will be upon filing, unless a date is specified \_\_\_\_\_  
(See Instructions) (Date)

The name and address of the person or entity that will provide a copy of the declaration of conversion upon written request:

Robert J. Fritz, 7900 E. Pleasant Valley Road  
Name & Address

<u>Independence</u>	<u>OH</u>	<u>44131</u>
City	State	Zip Code

RECEIVED  
SECRETARY OF STATE  
2007 NOV -8 AM 9:44  
CLIENT SERVICE CENTER

Required information that must accompany conversion certificate if Box 1 is checked.  
If the conversion creates a new domestic corporation, limited liability company, limited partnership or a partnership having limited liability, attach the form prescribed by the secretary of state for the specific entity type to the certificate of conversion. (See instructions)

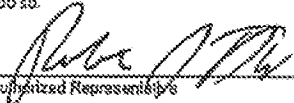
Required information that must accompany conversion certificate if Box 2 is checked.  
If the converting entity is a domestic or foreign entity that will not be licensed in this state, provide the name and address of the statutory agent upon whom any process, notice or demand may be served:

Name of Statutory Agent		
Street Address	City	Ohio Zip Code

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)

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

Must be signed by:  
An authorized  
representative(s)

  
Authorized Representative

Robert J. Fritz, President and CEO  
Title

Authorized Representative

Title

Authorized Representative

Title



Prescribed by **J. Kenneth Blackwell**

Ohio Secretary of State

Central Ohio: (614) 466-3910

Toll Free: 1-877-SOS-FILE (1-877-767-3453)

www.state.oh.us/sos

e-mail: busserv@sos.state.oh.us

Expedite this Form: (Select One)	
Mail Form to one of the Following:	
<input checked="" type="radio"/> Yes	PO Box 1390 Columbus, OH 43216 *** Requires an additional fee of \$100 ***
<input type="radio"/> No	PO Box 670 Columbus, OH 43216

### ORGANIZATION / REGISTRATION OF LIMITED LIABILITY COMPANY

(Domestic or Foreign)

Filing Fee \$125.00

THE UNDERSIGNED DESIRING TO FILE A:

(CHECK ONLY ONE (1) BOX)

(1) <input checked="" type="checkbox"/> Articles of Organization for Domestic Limited Liability Company (115-LCA) ORC 1705	(2) <input type="checkbox"/> Application for Registration of Foreign Limited Liability Company (106-LFA) ORC 1705 _____ (Date of Formation) (State)
--	---

RECEIVED  
 SECRETARY OF STATE  
 2007 NOV - 8 AM 9:14  
 CLIENT SERVICE CENTER

Complete the general information in this section for the box checked above.

Name Avtron Aerospace, LLC

Check here if additional provisions are attached

\* If box (1) is checked, name must include one of the following endings: limited liability company, limited, Ltd, L.t.d., LLC, L.L.C.

Complete the information in this section if box (1) is checked.

Effective Date (Optional) \_\_\_\_\_ Date specified can be no more than 90 days after date of filing. If a date is specified, the date must be a date on or after the date of filing.  
(mm/dd/yyyy)

This limited liability company shall exist for \_\_\_\_\_ (Optional) (Period of existence)

Purpose (Optional) \_\_\_\_\_  
\_\_\_\_\_

The address to which interested persons may direct requests for copies of any operating agreement and any bylaws of this limited liability company is

(Optional)  
\_\_\_\_\_  
(Name)  
\_\_\_\_\_  
(Street) NOTE: P.O. Box Addresses are NOT acceptable.  
\_\_\_\_\_  
(City) (State) (Zip Code)

Complete the information in this section if box (1) is checked  Cont.

### ORIGINAL APPOINTMENT OF AGENT

The undersigned authorized member, manager or representative of

Aytron Aerospace, LLC

(name of limited liability company)

herby 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:

CT Corporation System

(Name of Agent)

1300 East 9th Street

(Street)

NOTE: P.O. Box Addresses are NOT acceptable.

Cleveland

(City)

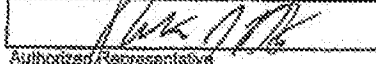
Ohio

(State)

44114

(Zip Code)

Must be authenticated by an authorized representative



Authorized Representative

11-8-2007

Date

Authorized Representative

Date

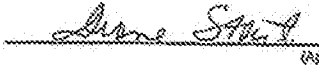
### ACCEPTANCE OF APPOINTMENT

The undersigned, named herein as the statutory agent for

Aytron Aerospace, LLC

(name of limited liability company)

herby acknowledges and accepts the appointment of agent for said limited liability Company.

 Diane Stout, Asst. Secretary

(Agent's signature)

PLEASE SIGN PAGE (3) AND SUBMIT COMPLETED DOCUMENT

Complete the information in this section if box (2) is checked.

The address to which interested persons may direct requests for copies of any operating agreement and any bylaws of this limited liability company is

(Name) \_\_\_\_\_  
(Street) \_\_\_\_\_ NOTE: P.O. Box Addresses are NOT acceptable.  
(City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip Code) \_\_\_\_\_

The name under which the foreign limited liability company desires to transact business in Ohio is

\_\_\_\_\_


The limited liability company hereby appoints the following as its agent upon whom process against the limited liability company may be served in the state of Ohio. The name and complete address of the agent is

(Name) \_\_\_\_\_  
(Street) \_\_\_\_\_ NOTE: P.O. Box Addresses are NOT acceptable.  
(City) \_\_\_\_\_ Ohio \_\_\_\_\_ (State) \_\_\_\_\_ (Zip Code) \_\_\_\_\_

The limited liability company irrevocably consents to service of process on the agent listed above as long as the authority of the agent continues, and to service of process upon the OHIO SECRETARY OF STATE if:

- a. the agent cannot be found, or
- b. the limited liability company fails to designate another agent when required to do so, or
- c. the limited liability company's registration to do business in Ohio expires or is cancelled.

**REQUIRED**  
Must be authenticated (signed)  
by an authorized representative  
(See Instructions)

  
Authorized Representative Date 11-8-2007

Robert J. Frits  
(Print Name)

\_\_\_\_\_  
Authorized Representative Date

(Print Name)





Prescribed by **J. Kenneth Blackwell**

Ohio Secretary of State  
Central Office (614) 466-3910

Toll Free: 1-877-SOS-FILE (1-877-767-3455)

www.state.oh.us/sos

e-mail: busserv@sos.state.oh.us

### CONSENT FOR USE OF SIMILAR NAME

(For Domestic / Foreign, Profit or Non-Profit)

Must Be Accompanied By Another Form

THE UNDERSIGNED DESIRING TO FILE A:

**(CHECK ONLY ONE (1) BOX) This filing does not extend the registration period**

<input checked="" type="checkbox"/> Where consenting entity is a corporation  (147-CSC)	Where consenting entity is a registrant of <input type="checkbox"/> Trade Name <input type="checkbox"/> Service Mark <input type="checkbox"/> Trade Mark (148-CBN)	Where consenting entity is a <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Partnership Having Limited Liability (148-CSL)
---	--	--

Check here if additional provisions are attached

Charter or Registration No. of Entity Giving Consent 1737287

Name of Entity Giving Consent Avtron Aerospace, Inc.

Gives its Consent To Avtron Aerospace, LLC

To Use The Name Avtron Aerospace, LLC

**REQUIRED**  
Must be authenticated (signed) by an authorized representative

P. Taft  
Authorized Representative

11/1/07  
Date

\_\_\_\_\_  
Authorized Representative

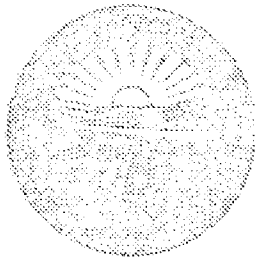
\_\_\_\_\_  
Date

If the consenting party is a partnership, all general partners must sign. If only one partner is authorized to sign, a copy of the resolution authorizing the signature must be included.

# 234903

UNITED STATES OF AMERICA,  
STATE OF OHIO,  
OFFICE OF THE SECRETARY OF STATE

I, Jennifer Brunner, Secretary of State of the State of Ohio, do hereby certify that the foregoing is a true and correct copy, consisting of 2 pages, as taken from the original record kept in my official custody as Secretary of State.



WITNESSE my hand and official seal at  
Columbus, Ohio, this 21<sup>st</sup> day of  
November A.D. 2007

*Jennifer Brunner*

JENNIFER BRUNNER  
Secretary of State

By *J. Mason*

NOTICE: This is an official certification only when reproduced in red ink.