

## TRADEMARK ASSIGNMENT

Electronic Version v1.1

Stylesheet Version v1.1

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	Change of State of Incorporation		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
SUREBOND, INC.		09/15/2011	CORPORATION: WISCONSIN
RECEIVING PARTY DATA			
Name:	SUREBOND, INC.		
Street Address:	3925 STERN AVENUE		
City:	ST. CHARLES		
State/Country:	ILLINOIS		
Postal Code:	60174		
Entity Type:	CORPORATION: ILLINOIS		
PROPERTY NUMBERS Total: 4			
Property Type	Number	Word Mark	
Registration Number:	4095305	SUREBOND	
Registration Number:	1726764	PAVER BOND	
Registration Number:	1363362	POWERSEAL	
Registration Number:	2133179	PROTECT-A-WALL	
CORRESPONDENCE DATA			
Fax Number:	8164121263		
<i>Correspondence will be sent to the e-mail address first; if that is unsuccessful, it will be sent via US Mail.</i>			
Phone:	816.842.8600		
Email:	TRADEMARK@STINSON.COM		
Correspondent Name:	STINSON MORRISON HECKER LLP		
Address Line 1:	1201 WALNUT STREET, SUITE 2900		
Address Line 2:	STINSON TRADEMARK ADMINISTRATOR		
Address Line 4:	KANSAS CITY, MISSOURI 64106-2150		
ATTORNEY DOCKET NUMBER:	0805919-0002		

CH \$115.00 4095305

NAME OF SUBMITTER:	CYNTHIA MAUST
Signature:	/CYNTHIA MAUST/
Date:	12/10/2013
<b>Total Attachments: 5</b> source=Surebond Inc Change of State of Incorporation#page1.tif source=Surebond Inc Change of State of Incorporation#page2.tif source=Surebond Inc Change of State of Incorporation#page3.tif source=Surebond Inc Change of State of Incorporation#page4.tif source=Surebond Inc Change of State of Incorporation#page5.tif	

## CHANGE OF STATE OF INCORPORATION

WHEREAS, the current records of the U.S. Patent and Trademark Office (USPTO) show Surebond, Inc., a Wisconsin corporation, located at 3925 Stern Avenue, St. Charles, Illinois 60174, USA, as the titular owner of all right, title and interest in and to the following Marks, Applications for registration, and Registrations;

### U.S. TRADEMARKS

MARK	REGISTRATION NO.	APPLICATION SERIAL NO.
SUREBOND	4,095,305	85/112,696
PAVER BOND *	1,726,764	74/160,893
POWERSEAL *	1,363,362	73/519,038
PROTECT-A-WALL *	2,133,179	75/071,725

WHEREAS, Surebond, Inc., has taken the steps necessary to change its state of incorporation from Wisconsin to Illinois (copies of the application requesting such change and of the corresponding approval letter from the Illinois Secretary of State are attached);

### NOW, THEREFORE, TO ALL WHOM IT MAY CONCERN:

Surebond, Inc. respectfully requests that the records of the USPTO be amended to show that the above listed trademark Registrations are owned by Surebond, Inc., an Illinois corporation, having the same address as set forth above.

This Document is dated this 26<sup>th</sup> day of NOVEMBER, 2013.

SUREBOND, INC (an Illinois corporation)

By

  
Bradley D. LeGare, President

# REG-1 Illinois Business Registration Application

Register faster on-line at [tax.illinois.gov](http://tax.illinois.gov). If you are already registered and need to make changes (e.g., adding a location, changing officer information), call us weekdays between 8 a.m. and 5 p.m. at 217 785-3707.

## Step 1: Identify your business or organization

1 Federal employer identification number (FEIN)  
 FEIN: 36 - 3099190  
 Proprietorships must provide the Social Security number (SSN) under which taxes will be filed.

SSN: \_\_\_\_\_

2 Legal business name - if proprietorship, see instructions.

3 Doing-business-as (DBA), assumed, or trade name, if different from Line 2.

Surebond, Inc.

4 Primary or legal business address.

3925 Stern Avenue  
Street address - No PO Box number Apartment or suite number  
St. Charles, IL 60174  
City State ZIP

If you have other locations in Illinois from where you do business, complete and attach Schedule REG-1-L.

5 Mailing address if different from the address above.

In-care-of name \_\_\_\_\_  
 Street address or PO Box number \_\_\_\_\_  
Apartment or suite number  
 City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

6 Check the organization type that applies to you:  
 Proprietorship. Check if owned by husband and wife: \_\_\_\_\_  
 Partnership  Trust or estate  
 Corporation\*  S Corp (Subchapter S Corporation)\*

\* Requires President, Secretary, and Treasurer/Comptroller to be identified in Step 2.

Governmental unit  Not-for-profit organization  
 Limited liability company (LLC) treated as a  
 \_\_\_\_\_ Corporation  
 \_\_\_\_\_ Partnership  
 \_\_\_\_\_ Proprietorship  
 Check here if disregarded: \_\_\_\_\_

7 Illinois Secretary of State identification number:

D 6 7 9 9 - 1 8 3 4

8 Is your business part of a unitary group? Yes  No  If "Yes", provide the FEIN of your designated agent (the person responsible for filing your Illinois income tax return):

FEIN: \_\_\_\_\_

9 Identify a contact person regarding your business.

Name: Suellen Giorgi  
 Phone: ( 630 ) 762 - 0606 Ext.: \_\_\_\_\_  
 FAX: ( 630 ) 762 - 0607  
 Email address: giorgi@sek.us.com

## Step 2: Identify your owners and officers - If you need to identify more, attach Schedule REG-1-O.

10 Each (i.e., owner, officer, general partner, trustee, executor, and for limited liability company - manager and member) must be identified, including their Social Security number to complete registration. Identification depends on the organization type you selected in Line 6.

### Individuals:

a Bradley D. LeGare President  
Name Title  
3925 Stern Avenue (630) 762 - 0606  
Home street address - No PO Box number Phone  
St. Charles IL 60174  
City State ZIP  
10 / 29 / 59 474 - 82 - 4062  
Date of birth SSN

b Frederick P. Strobl Vice-Pres.  
Name Title  
3925 Stern Avenue (630) 762-0606  
Home street address - No PO Box number Phone  
St. Charles IL 60174  
City State ZIP  
08 / 16 / 44 338 - 34 - 4416  
Date of birth SSN

c \_\_\_\_\_  
Name Title  
 \_\_\_\_\_  
Home street address - No PO Box number Phone  
 \_\_\_\_\_  
City State ZIP  
 \_\_\_\_\_  
Date of birth SSN

d \_\_\_\_\_  
Name Title  
 \_\_\_\_\_  
Home street address - No PO Box number Phone  
 \_\_\_\_\_  
City State ZIP  
 \_\_\_\_\_  
Date of birth SSN

### Businesses:

a \_\_\_\_\_  
Name FEIN  
 \_\_\_\_\_  
Legal address  
 \_\_\_\_\_  
City State ZIP  
 \_\_\_\_\_  
Phone

b \_\_\_\_\_  
Name FEIN  
 \_\_\_\_\_  
Legal address  
 \_\_\_\_\_  
City State ZIP  
 \_\_\_\_\_  
Phone



**Step 3: Tell us about your business activities**

11 Describe your business activities: Manufacturer / Distribution

Provide your North American Industry Classification System (NAICS) number if known: \_\_\_\_\_  
Refer to the Web site [www.naics.com](http://www.naics.com).

12 Will you have employees?  Yes  No  
When will (did) your Illinois payroll begin:      /      /     

13 Does your supplier collect the Illinois sales tax for merchandise your business uses or consumes?  Yes  No  
When will (did) these activities begin?      /      /     

14 Check all that apply to your type of business.

**Sales:** You must complete and attach Schedule REG-1-L to identify all Illinois locations from which you make retail sales.

General merchandise:  Retail  Wholesale

Do you estimate your monthly sales tax liability to be over \$200?  Yes  No

Sales to Illinois customers from out-of-state.

Check here if you have an Illinois presence.

Soft drinks in sealed containers

Vehicle, watercraft, aircraft, or trailers

Sales or delivery of tires. Do you always pay the Tire User Fee to your supplier?  Yes  No

From vending machines - How many:     

Liquor at retail (bar, tavern, liquor store, etc.)

Cigarettes - See Schedule REG-1-C before you check here.

Tobacco products - See Schedule REG-1-C before you check here.

Motor fuel/fuel:  Retail  Wholesale

When will (did) these activities begin? 09 / 01 / 11

**Services:**

Do you transfer items as part of your service?  Yes  No

When will (did) this activity begin?      /      /     

**Renting or leasing:** You must complete and attach Schedule REG-1-L to identify your Illinois locations from which you rent or lease.

Hotel rooms for less than 30 days.

Vehicles for one year or less.

When will (did) these activities begin?      /      /     

**Utilities - Check your type of sales or services.**

Electricity:  Retail  Resale

Natural gas:  Retail  Resale

Telecommunications - See Schedule REG-1-T.

Retail  Resale

Water or sewer services

Are you a utility cooperative?  Yes  No

Are you a municipality?  Yes  No

When will (did) these activities begin?      /      /     

**Other:**

Liquor warehousing - Attach Schedule REG-1-A.

Dry cleaning:  Facility  Solvent supplier

Own/operate coin-operated amusement devices

You wish to purchase electricity for non-residential use and pay the tax to IDOR - Attach Schedule REG-1-D.

You wish to purchase natural gas from outside of Illinois for your own use and pay the tax to IDOR - Attach Schedule REG-1-G.

Not listed. Identify:     

When will (did) these activities begin?      /      /     

**Step 4: Check any schedule attached (not all applicants are required to complete additional schedules)**

Schedule REG-1-L

Schedule REG-1-O

Schedule REG-1-R

Schedule REG-1-T

Schedule REG-1-C

Schedule REG-1-A

Schedule REG-1-D

Schedule REG-1-G

Other information

**Step 5: Sign below**

Under penalties of perjury, I state that I have examined the information and, to the best of my knowledge, it is true, correct, and complete. I further attest that I will be responsible for filing returns and paying all taxes due unless Schedule REG-1-R, Responsible Party Information, is attached to this application or forwarded to the department. Check here if you are attaching or forwarding Schedule REG-1-R:

Signature: Bradley D. LaGare

Title: President

Date: 9 / 21 / 2011

Printed name: Bradley D. LaGare

SSN: 474 - 82 - 4062

Address: 3925 Stern Ave., St. Charles, IL 60174 Phone: (630) 762 - 0606

**Step 6: Mail your application**

Mail your completed application to us at



CENTRAL REGISTRATION DIVISION  
ILLINOIS DEPARTMENT OF REVENUE  
PO BOX 19476  
SPRINGFIELD IL 62794-9476



This form is authorized by 30 ILCS 607/6 et seq.; 35 ILCS 5/1 et seq.; 105/1 et seq.; 110/1 et seq.; 115/1 et seq.; 120/1 et seq.; 130/1 et seq.; 135/1 et seq.; 143/10-1 et seq.; 155/1 et seq.; 415/1 et seq.; 505/1 et seq.; 510/1 et seq.; 615/1 et seq.; 620/1 et seq.; 625/1 et seq.; 630/1 et seq.; 635/1 et seq.; 640/2-1 et seq.; 230 ILCS 20/1 et seq.; 25/1 et seq.; 30/1 et seq.; 235 ILCS 5/1-1 et seq.; 315 ILCS 20/5 et seq.; 607/6-1 et seq.; 415 ILCS 125/301 et seq.; Disclosure of this information may be REQUIRED. Failure to provide information could result in this form not being processed and possible penalties. This form has been approved by the Forms Management Center, IL-492-0091 REG-1 (8/04/10)

Verify that all of your Illinois Business Authorization information is correct.

**If not**, contact us immediately.

**If yes**, cut along the dotted line (fits a standard 5 x 7" frame). Your authorization must be visibly displayed at the address listed. *Do not discard* - your Illinois Business Authorization is an important tax document that provides you the authorization to legally do business in Illinois.

## Illinois Business Authorization

SUREBOND INC

3925 STERN AVE  
SAINT CHARLES IL 60174-5441

### Certificate of Registration

Expiration Date:

9/1/2014

Sales Tax as a reseller only

(4055-9688)

This person or business is authorized under the Retailers' Occupation Tax Act as a reseller in Illinois and is authorized to purchase items tax-free provided the items are purchased for resale and all sales are made by the reseller in a nontaxable manner.

  
Director  
DEPARTMENT OF REVENUE  
Issued Date: 09/29/2011



## OFFICE OF THE SECRETARY OF STATE

JESSE WHITE • Secretary of State

SEPTEMBER 15, 2011

6799-183-4

SUREBOND, INCORPORATED  
SUELLEN GIORGI  
3925 STERN AVE.  
ST. CHARLES, IL 60174

RE SUREBOND, INCORPORATED

DEAR SIR OR MADAM:

IT HAS BEEN OUR PLEASURE TO APPROVE AND PLACE ON RECORD THE ARTICLES OF INCORPORATION THAT CREATED YOUR CORPORATION. WE EXTEND OUR BEST WISHES FOR SUCCESS IN YOUR NEW VENTURE.

THE CORPORATION MUST FILE AN ANNUAL REPORT AND PAY FRANCHISE TAXES PRIOR TO THE FIRST DAY OF ITS ANNIVERSARY MONTH (MONTH OF INCORPORATION) NEXT YEAR. A PRE-PRINTED ANNUAL REPORT FORM WILL BE SENT TO THE REGISTERED AGENT AT THE ADDRESS SHOWN ON THE RECORDS OF THIS OFFICE APPROXIMATELY 60 DAYS PRIOR TO ITS ANNIVERSARY MONTH.

SECURITIES CANNOT BE ISSUED OR SOLD EXCEPT IN COMPLIANCE WITH THE ILLINOIS SECURITIES LAW OF 1953, 815 ILLINOIS COMPILED STATUTES, 5/1 ET SEQ. FOR FURTHER INFORMATION CONTACT THE OFFICE OF THE SECRETARY OF STATE, SECURITIES DEPARTMENT AT (217) 782-2256 OR (312) 793-3384.

MANY SERVICES ARE NOW AVAILABLE ON-LINE AT [WWW.CYBERDRIVEILLINOIS.COM](http://WWW.CYBERDRIVEILLINOIS.COM). YOU MAY CHECK THE STATUS OF THIS CORPORATION, PURCHASE A CERTIFICATE OF GOOD STANDING OR FILE AN ANNUAL REPORT WHEN IT IS DUE.

SINCERELY,

JESSE WHITE  
SECRETARY OF STATE  
DEPARTMENT OF BUSINESS SERVICES  
CORPORATION DIVISION  
TELEPHONE (217) 782-6961