

## TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1  
Stylesheet Version v1.2

ETAS ID: TM298530

<b>SUBMISSION TYPE:</b>	NEW ASSIGNMENT		
<b>NATURE OF CONVEYANCE:</b>	Conversion from an Ohio Corporation to an Ohio Limited Liability Company		
<b>CONVEYING PARTY DATA</b>			
<b>Name</b>	<b>Formerly</b>	<b>Execution Date</b>	<b>Entity Type</b>
DRB Systems, Incorporated		03/12/2014	CORPORATION: OHIO
<b>RECEIVING PARTY DATA</b>			
<b>Name:</b>	DRB Systems, LLC		
<b>Street Address:</b>	3245 Pickle Rd		
<b>City:</b>	Akron		
<b>State/Country:</b>	OHIO		
<b>Postal Code:</b>	44312		
<b>Entity Type:</b>	LIMITED LIABILITY COMPANY: OHIO		
<b>PROPERTY NUMBERS Total: 16</b>			
<b>Property Type</b>	<b>Number</b>	<b>Word Mark</b>	
<b>Registration Number:</b>	2274977	SITEWATCH	
<b>Registration Number:</b>	1577490	CARWATCH	
<b>Registration Number:</b>	1665724	TUNNELWATCH	
<b>Registration Number:</b>	1734433	PROFIT WATCH	
<b>Registration Number:</b>	3153589	DRB SYSTEMS, INC.	
<b>Registration Number:</b>	3407988	FASTPASS	
<b>Registration Number:</b>	3433475	AUTOMATIC RECHARGE MODULE	
<b>Registration Number:</b>	3565453	ARM	
<b>Registration Number:</b>	3778483	WEATHER RESISTANT REVENUE	
<b>Registration Number:</b>	3383548	XPRESS PAY TERMINAL	
<b>Registration Number:</b>	3452487	XPT	
<b>Registration Number:</b>	4094192	XPRESS CARD CLEARING	
<b>Registration Number:</b>	3929950	STATWATCH	
<b>Registration Number:</b>	4081288	SOCIAL CIRCLE	
<b>Registration Number:</b>	4272915	INDUSTRYWATCH	
<b>Registration Number:</b>	4389251	CARPICS	
<b>CORRESPONDENCE DATA</b>			
<b>Fax Number:</b>	2149813400		

CH \$415.00 2274977

TRADEMARK

**Correspondence will be sent to the e-mail address first; if that is unsuccessful, it will be sent via US Mail.**

**Phone:** 214-981-3483  
**Email:** dclark@sidley.com  
**Correspondent Name:** Dusan Clark, Esq.  
**Address Line 1:** Sidley Austin LLP  
**Address Line 2:** 717 N. Harwood St., Suite 3400  
**Address Line 4:** Dallas, TEXAS 75201

**ATTORNEY DOCKET NUMBER:** 38735-10120

**NAME OF SUBMITTER:** Dusan Clark

**SIGNATURE:** /Dusan Clark/

**DATE SIGNED:** 03/19/2014

**Total Attachments: 11**

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source=DRB Systems LLC ISSUED 3-18-14#page11.tif



DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
03/12/2014	201407100392	CONVERSION WITHIN SOS RECORDS (CVS)	125.00	300.00		.00	.00

**Receipt**

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

PORTER WRIGHT MORRIS & ARTHUR LLP  
41 S HIGH ST STE 2800  
COLUMBUS, OH 43215

# STATE OF OHIO CERTIFICATE

**Ohio Secretary of State, Jon Husted**

645914

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

**DRB SYSTEMS, LLC**

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

Document(s):

**CONVERSION WITHIN SOS RECORDS**

Document No(s):

**201407100392**

**Effective Date: 03/12/2014**

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



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 March, A.D.  
2014.

Ohio Secretary of State



Form 700 Prescribed by:  
**JON HUSTED**  
 Ohio Secretary of State  
 Central Ohio: (614) 466-3810  
 Toll Free: (877) SOS-FILE (767-3453)  
 www.OhioSecretaryofState.gov  
 BusServ@OhioSecretaryofState.gov

Makes checks payable to Ohio Secretary of State

Mail this form to one of the following:  
 Regular Filing (non expedite)  
 P.O. Box 1329  
 Columbus, OH 43216

Expedite Filing (Two-business day processing  
 time requires an additional \$100.00).  
 P.O. Box 1380  
 Columbus, OH 43216

**Certificate for Conversion for Entities Converting  
 Within or Off the Records of the Ohio Secretary of State**  
 Filing Fee: \$125

(CHECK ONLY ONE (1) BOX)

(1)  **Converting Within** The Records of the Ohio Secretary of State

(2)  **Converting Off** The Records of the Ohio Secretary of State  
 (187-VXX)

Name of the converting entity	DRB Systems, Incorporated
Jurisdiction of Formation	Ohio
Charter/Registration Number	845914

The converting entity is a:  
 (Check Only (1) One Box)

<input checked="" type="checkbox"/> Domestic Corporation (For-Profit or Nonprofit)	<input type="checkbox"/> Partnership
<input type="checkbox"/> Foreign Corporation (For-Profit or Nonprofit)	<input type="checkbox"/> Domestic Limited Partnership
<input type="checkbox"/> Domestic Nonprofit Limited Liability Company	<input type="checkbox"/> Foreign Limited Partnership
<input type="checkbox"/> Foreign Nonprofit Limited Liability Company	<input type="checkbox"/> Domestic Limited Liability Partnership
<input type="checkbox"/> Domestic For-Profit Limited Liability Company	<input type="checkbox"/> Foreign Limited Liability Partnership
<input type="checkbox"/> Foreign For-Profit Limited Liability Company	

The converting entity hereby states that it has complied with all laws in the jurisdiction under which it exists and that those laws permit the conversion.

RECEIVED  
 SECRETARY OF STATE  
 2014 MAR 12 AM 8:42  
 CLIENT SERVICE CENTER

Name of the converted entity

Jurisdiction of Formation

The converted entity is a:  
(Check Only (1) One Box)

Domestic Corporation (For-Profit)                       Partnership

Foreign Corporation (For-Profit or Nonprofit)                       Domestic Limited Partnership

Domestic Nonprofit Limited Liability Company                       Foreign Limited Partnership

Foreign Nonprofit Limited Liability Company                       Domestic Limited Liability Partnership

Domestic For-Profit Limited Liability Company                       Foreign Limited Liability Partnership

Foreign For-Profit Limited Liability Company

Effective Date (Optional)  (The conversion is effective upon the filing of this certificate or on a later date specified in the certificate)

Name and address of the person or entity that will provide a copy of the declaration of conversion upon written request.

Name

Mailing Address

                                             
City    State    Zip Code

**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 Ohio, provide the name and address of the statutory agent upon whom any process, notice or demand may be served.

Name of Statutory Agent

Mailing Address

                                             
City    State    Zip Code

If the agent is an individual using a P.O. Box, check this box to confirm that the agent is an Ohio resident.

**See instructions for additional filing requirements if**

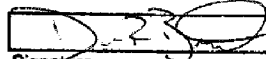
(1) the conversion creates a new domestic entity,

(2) the converted entity is a foreign entity that desires to transact business in Ohio; or

(3) if a domestic corporation or foreign corporation licensed in Ohio is the converting entity.

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 signed by an  
authorized representative.

  
Signature

By (if applicable)

Dale Brott, President  
Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name

Complete the information in this section.

**AFFIDAVIT**

In lieu of dissolution releases from various governmental authorities.

DRB Systems, Incorporated

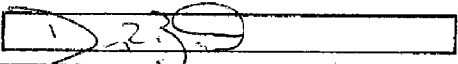
Name of Corporation

The undersigned, being first duly sworn, declares that on the dates indicated below, each of the named state governmental agencies was advised IN WRITING of the scheduled date of filing of the Certificate and was advised IN WRITING of the acknowledgement by the corporation of the applicability of the provisions of section 1701.95 of the ORC.

Agency	Date Notified	Agency	Date Notified
Ohio Bureau of Workers' Compensation 30 W. Spring Street Columbus, Ohio 43215	3/10/2014	Ohio Job & Family Services Status and Liability Section Data Correspondence Control Fax: 614-752-4811 Phone: 614-466-2319 Overnight: P.O. Box 182413 Columbus, OH 43218-2413	3/10/2014
*Only required for domestic for-profit corporations		Regular: P.O. Box 182413 Columbus, OH 43218-2413	
Ohio Department of Taxation Taxpayer Services Division/Tax Release Unit PO Box 182382 Columbus, OH 43218-2382 Dissolution@tax.state.oh.us		<input type="checkbox"/> The corporation is not required to pay or the department of taxation has not assessed any personal property tax.	
*Complete this date notified field only if the corporation is a domestic non-profit corporation or foreign corporation. (see* note below)			

\*Note: Domestic for-profit corporations must submit with this filing a Certificate of Tax Clearance issued by the Ohio Department of Taxation.

Note: This affidavit must be signed by one or more persons executing the certificate or by an officer of the corporation.

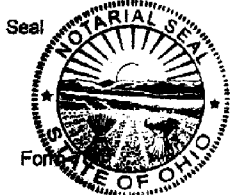
Signature  Title President

Dale Brot  
Name

3245 Pickle Road  
Mailing Address

Akron City Ohio State 44312 Zip Code

Acknowledged before me and subscribed in my presence on 3/10/2014 Date



Rebecca Dismore  
Notary Public  
My Commission Expires 06-18-2016

Commission Expires 6-18-2016 Date







**Department of  
Taxation**

**Taxpayer Services Division**  
P.O. Box 182382  
Columbus, Ohio 43218-2382  
Phone: 888-405-4039  
TTY/TDD: 800-750-0750  
<http://tax.ohio.gov>

### CERTIFICATE OF TAX CLEARANCE

This certificate certifies that the below stated entity has filed all tax returns and paid in full all taxes and fees administered by the tax commissioner through the certificate issue date indicated below. Additional tax liabilities may be billed and/or assessed at a later date as a result of an examination or audit for any periods ending prior to the date of dissolution.

**DRB SYSTEMS INCORPORATED**

**Charter: 645914**

Certificate issue date: March 10, 2014

Joseph W. Testa  
Tax Commissioner

Note: This certificate must be filed along with all forms prescribed by the Ohio Secretary of State. For filing information, visit Ohio Secretary of State's web site at *OhioSecretaryofState.gov*.



Form 533A Prescribed by:  
Ohio Secretary of State  
**JON HUSTED**  
Ohio Secretary of State

Central Ohio: (614) 466-3910  
Toll Free: (877) SOS-FILE (767-3453)  
www.OhioSecretaryofState.gov  
Busserv@OhioSecretaryofState.gov

Mail this form to one of the following:

Regular Filing (non expedite)  
P.O. Box 670  
Columbus, OH 43216

Expedite Filing (Two-business day processing  
time requires an additional \$100.00).  
P.O. Box 1390  
Columbus, OH 43216

### Articles of Organization for a Domestic Limited Liability Company

Filing Fee: \$125

CHECK ONLY ONE (1) BOX

(1)  Articles of Organization for Domestic  
For-Profit Limited Liability Company  
(115-LCA)

(2)  Articles of Organization for Domestic  
Nonprofit Limited Liability Company  
(115-LCA)

Name of Limited Liability Company

Name must include one of the following words or abbreviations: "limited liability company," "limited," "LLC," "L.L.C.," "ltd.," or "ltd"

Effective Date   
(Optional) mmm/dd/yyyy

(The legal existence of the limited liability 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 company shall exist for  
(Optional)

Period of Existence

Purpose  
(Optional)

**\*\*Note for Nonprofit LLCs**

The Secretary of State does not grant tax exempt status. Filing with our office is not sufficient to obtain state or federal tax exemptions. Contact the Ohio Department of Taxation and the Internal Revenue Service to ensure that the nonprofit limited liability company secures the proper state and federal tax exemptions. These agencies may require that a purpose clause be provided.

### ORIGINAL APPOINTMENT OF AGENT

The undersigned authorized member(s), manager(s) or representative(s) of

DRB Systems, LLC

Name of Limited Liability Company

hereby 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

Acme Agent, Inc.

Name of Agent

41 South High Street, Suite 2800

Mailing Address

Columbus

City

Ohio

State

43215

ZIP Code

### ACCEPTANCE OF APPOINTMENT

The undersigned, Acme Agent, Inc. named herein as the statutory agent

Statutory Agent Name

for DRB Systems, LLC

Name of Limited Liability Company

hereby acknowledges and accepts the appointment of agent for said limited liability company

Statutory Agent Signature

Individual Agent's Signature / Signature on Behalf of Corporate Agent

If the agent is an individual and using a P.O. Box, check this box to confirm that the agent is an Ohio resident.

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.

**Required**

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

*Michael A. Ellis*

Signature

By (if applicable)

If authorized representative is an individual, then they must sign in the "signature" box and print their name in the "Print Name" box.

Michael A. Ellis

Print Name

If authorized representative is a business entity, not an individual, then please print the business name in the "signature" box, an authorized representative of the business entity must sign in the "By" box and print their name in the "Print Name" box.

Signature

By (if applicable)

Print Name

Signature

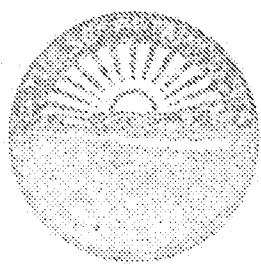
By (if applicable)

Print Name

645914 UNITED STATES OF AMERICA,  
STATE OF OHIO,  
OFFICE OF THE SECRETARY OF STATE

I, Jon Husted, Secretary of State of the State of Ohio, do hereby certify that the foregoing is a true and correct copy, consisting of 10 pages, as taken from the original record now in my official custody as Secretary of State.

WITNESS my hand and official seal at  
Columbus, Ohio, this 18th day of  
March, A.D. 2014



*[Signature]*

NOTED TO BE A TRUE COPY OF THE ORIGINAL RECORD

TRADEMARK