

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

ETAS ID: TM302784

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	conversion from a corporation to a limited liability company of Ohio		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
DRB Systems, Incorporated		03/10/2014	CORPORATION: OHIO
RECEIVING PARTY DATA			
Name:	DRB SYSTEMS, LLC		
Street Address:	3245 Pickle Road		
City:	Akron		
State/Country:	OHIO		
Postal Code:	44312		
Entity Type:	LIMITED LIABILITY COMPANY: OHIO		
PROPERTY NUMBERS Total: 17			
Property Type	Number	Word Mark	
Registration Number:	1577490	CARWATCH	
Registration Number:	1734433	PROFIT WATCH	
Registration Number:	1665724	TUNNELWATCH	
Registration Number:	3153589	DRB SYSTEMS, INC.	
Registration Number:	3407988	FASTPASS	
Registration Number:	3433475	AUTOMATIC RECHARGE MODULE	
Registration Number:	3565453	ARM	
Registration Number:	3778483	WEATHER RESISTANT REVENUE	
Registration Number:	3383548	XPRESS PAY TERMINAL	
Registration Number:	3452487	XPT	
Registration Number:	4094192	XPRESS CARD CLEARING	
Registration Number:	3929950	STATWATCH	
Registration Number:	4081288	SOCIAL CIRCLE	
Registration Number:	4272915	INDUSTRYWATCH	
Registration Number:	4389251	CARPICS	
Registration Number:	4485221	SMARTCODES	
Registration Number:	2274977	SITEWATCH	
CORRESPONDENCE DATA			
Fax Number:	2163639001		
		TRADEMARK	

OP \$440.00 1577490

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

Phone: 216-363-9000
Email: docketing@faysharpe.com
Correspondent Name: Thomas E. Young, Esq.
Address Line 1: 1228 Euclid Ave.
Address Line 2: Halle Bldg., 5th Fl.
Address Line 4: Cleveland, OHIO 44115

ATTORNEY DOCKET NUMBER:	DRBS 000001US01
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NAME OF SUBMITTER:	elaine M. Checovich
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SIGNATURE:	/Elaine M. Checovich/
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DATE SIGNED:	04/28/2014
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Total Attachments: 10
source=DRBS#page1.tif
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DATE	DOCUMENT ID	DESCRIPTION	FLING	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.

Jon Husted

Ohio Secretary of State



Form 700 Prescribed by:
JON HUSTED
 Ohio Secretary of State
 Central Ohio: (614) 466-3910
 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	645914

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)

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

Effective Date (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

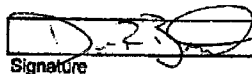
If the agent is an individual using a P.O. Box, check this box to confirm that the agent is an Ohio resident.

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



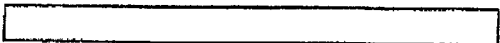
By (if applicable)

Dale Brott, President

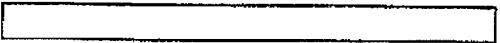
Print Name



Signature



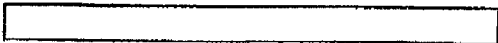
By (if applicable)



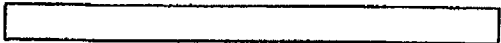
Print Name



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

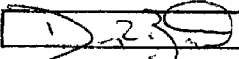
Name of Corporation

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			
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 Brott
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 Dismukes
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**

A handwritten signature in black ink, appearing to read "Joseph W. Testa". The signature is fluid and cursive.

**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 (787-3453)
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) mm/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 *Brian Kern, Assistant Secretary*

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.

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

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.

Michael A. Ellis
Signature

By (if applicable)

Michael A. Ellis
Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name