

## TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1  
Stylesheet Version v1.2

ETAS ID: TM324935

<b>SUBMISSION TYPE:</b>	NEW ASSIGNMENT		
<b>NATURE OF CONVEYANCE:</b>	MERGER AND CHANGE OF NAME		
<b>EFFECTIVE DATE:</b>	04/08/2014		
<b>CONVEYING PARTY DATA</b>			
<b>Name</b>	<b>Formerly</b>	<b>Execution Date</b>	<b>Entity Type</b>
Baker Electrical Instrument Company		04/08/2014	CORPORATION: COLORADO
<b>NEWLY MERGED ENTITY DATA</b>			
<b>Name</b>	<b>Execution Date</b>	<b>Entity Type</b>	
SKF USA Inc.	04/08/2014	CORPORATION: DELAWARE	
<b>MERGED ENTITY'S NEW NAME (RECEIVING PARTY)</b>			
<b>Name:</b>	SKF USA Inc.		
<b>Street Address:</b>	890 Forty Foot Road		
<b>Internal Address:</b>	PO Box 352		
<b>City:</b>	Lansdale		
<b>State/Country:</b>	PENNSYLVANIA		
<b>Postal Code:</b>	19446		
<b>Entity Type:</b>	CORPORATION: DELAWARE		
<b>PROPERTY NUMBERS Total: 2</b>			
<b>Property Type</b>	<b>Number</b>	<b>Word Mark</b>	
<b>Registration Number:</b>	3519219	BAKER	
<b>Registration Number:</b>	1633013	BAKER	
<b>CORRESPONDENCE DATA</b>			
<b>Fax Number:</b>	2022936229		
<i>Correspondence will be sent to the e-mail address first; if that is unsuccessful, it will be sent using a fax number, if provided; if that is unsuccessful, it will be sent via US Mail.</i>			
<b>Phone:</b>	202-331-7111		
<b>Email:</b>	trademarks@novakdruce.com		
<b>Correspondent Name:</b>	Jennifer Fraser		
<b>Address Line 1:</b>	1875 Eye Street, NW, 11th Floor		
<b>Address Line 4:</b>	Washington, D.C. 20006		
<b>ATTORNEY DOCKET NUMBER:</b>	13537-00090		
<b>NAME OF SUBMITTER:</b>	Jennifer Fraser		

OP \$65.00 3519219

<b>SIGNATURE:</b>	/jf/
<b>DATE SIGNED:</b>	12/03/2014
<b>Total Attachments: 7</b> source=BAKER ELECTRICAL INSTRUMENT COMPANY -WA-MERGER#page1.tif source=BAKER ELECTRICAL INSTRUMENT COMPANY -WA-MERGER#page2.tif source=BAKER ELECTRICAL INSTRUMENT COMPANY -WA-MERGER#page3.tif source=BAKER ELECTRICAL INSTRUMENT COMPANY -WA-MERGER#page4.tif source=BAKER ELECTRICAL INSTRUMENT COMPANY -WA-MERGER#page5.tif source=BAKER ELECTRICAL INSTRUMENT COMPANY -WA-MERGER#page6.tif source=BAKER ELECTRICAL INSTRUMENT COMPANY -WA-MERGER#page7.tif	

UNITED STATES OF AMERICA

The State of



Washington

Secretary of State

CERTIFICATE OF MERGER

I, Kim Wyman, Secretary of State of the State of Washington and custodian of its seal, hereby certify that documents meeting statutory requirements have been filed and processed with the Secretary of State merging the listed "Merging Entities" into:

SKF USA INC.

DE Profit Corporation

UBI: 600-339-054

Filing Date: April 8, 2014

Merging Entities:

602-619-236

BAKER ELECTRICAL INSTRUMENT COMPANY



Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

Kim Wyman, Secretary of State

Date Issued: 4/10/2014

TRADEMARK

REEL: 005412 FRAME: 0088

FILED  
 SECRETARY OF STATE  
 APRIL 8, 2014  
 STATE OF WASHINGTON

04/08/14 2633960-001  
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 SECRETARY OF STATE  
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ABOVE SPACE FOR OFFICE USE ONLY

**Statement of Merger**  
 (Surviving Entity is a Foreign Entity)  
 filed pursuant to § 7-90-203.7 and § 7-90-204.5 of the Colorado Revised Statutes (C.R.S.)

1. For each merging entity, its ID number (if applicable), entity name or true name, form of entity, jurisdiction under the law of which it is formed, and principal address are  
 (Caution: At least one merging entity must be an entity formed under the laws of Colorado.)

ID Number 19871237554   
 (Colorado Secretary of State ID number)

Entity name or true name Baker Electrical Instrument Company

Form of entity Corporation

Jurisdiction Colorado

Street address 4812 McMurry Avenue   
 (Street number and name)

Fort Collins  CO 80525   
 (City) (State) (ZIP/Postal Code)

USA   
 (Province - if applicable) (Country)

Mailing address (leave blank if same as street address) \_\_\_\_\_  
 (Street number and name or Post Office Box information)

\_\_\_\_\_  
 (City) (State) (ZIP/Postal Code)

\_\_\_\_\_  
 (Province - if applicable) (Country)

ID Number \_\_\_\_\_  
 (Colorado Secretary of State ID number)

Entity name or true name \_\_\_\_\_

Form of entity \_\_\_\_\_

Jurisdiction \_\_\_\_\_

Street address \_\_\_\_\_  
*(Street number and name)*

\_\_\_\_\_  
*(City) (State) (ZIP/Postal Code)*

\_\_\_\_\_  
*(Province - if applicable) (Country)*

Mailing address  
*(leave blank if same as street address)* \_\_\_\_\_  
*(Street number and name or Post Office Box information)*

\_\_\_\_\_  
*(City) (State) (ZIP/Postal Code)*

\_\_\_\_\_  
*(Province - if applicable) (Country)*

ID Number \_\_\_\_\_  
*(Colorado Secretary of State ID number)*

Entity name or true name \_\_\_\_\_

Form of entity \_\_\_\_\_

Jurisdiction \_\_\_\_\_

Street address \_\_\_\_\_  
*(Street number and name)*

\_\_\_\_\_  
*(City) (State) (ZIP/Postal Code)*

\_\_\_\_\_  
*(Province - if applicable) (Country)*

Mailing address  
*(leave blank if same as street address)* \_\_\_\_\_  
*(Street number and name or Post Office Box information)*

\_\_\_\_\_  
*(City) (State) (ZIP/Postal Code)*

\_\_\_\_\_  
*(Province - if applicable) (Country)*

*(If the following statement applies, adopt the statement by marking the box and include an attachment.)*

There are more than three merging entities and the ID number (if applicable), entity name or true name, form of entity, jurisdiction under the law of which it is formed, and the principal address of each additional merging entity is stated in an attachment.

2. For the surviving entity which is a foreign entity, its entity ID number (if applicable), entity name or true name, form of entity, jurisdiction under the law of which it is formed, and principal address are

*(Caution: The surviving entity cannot be an entity formed under the laws of Colorado.)*

ID Number 19921002103   
*(Colorado Secretary of State ID number)*

Entity name or true name SKF USA INC.

Form of entity Corporation

Jurisdiction Delaware

Street address 890 Forty Foot Road   
(Street number and name)  
PO Box 352   
Lansdale  PA  19446   
(City) (State) (ZIP/Postal Code)  
(Province - if applicable) USA (Country)

Mailing address PO Box 352   
(leave blank if same as street address) (Street number and name or Post Office Box information)  
Lansdale  PA  19446   
(City) (State) (ZIP/Postal Code)  
(Province - if applicable) USA (Country)

3. Each merging entity has been merged into the surviving foreign entity.

4. (If the following statement applies, adopt the statement by marking the box and state the appropriate document number(s).)

One or more of the merging entities is a registrant of a trademark described in a filed document in the records of the secretary of state and the document number of each filed document is

Document number 19901005029

Document number \_\_\_\_\_

Document number \_\_\_\_\_

(If the following statement applies, adopt the statement by marking the box and include an attachment.)

There are more than three trademarks and the document number of each additional trademark is stated in an attachment.

5. (Mark the applicable box and complete the statement. Caution: Mark only one box.)

The surviving foreign entity maintains a registered agent in this state.

OR

The surviving foreign entity does not maintain a registered agent in this state and service of process may be addressed to the entity and mailed to the principal address pursuant to section 7-90-704 (2), C.R.S.

OR

The surviving foreign entity has not maintained a registered agent in this state and appoints a registered agent to accept service pursuant to section 7-90-204.5, C.R.S. The person appointed as registered agent has consented to being so appointed. Such registered agent's name and address are

Name  
 (if an individual) \_\_\_\_\_  
(Last) (First) (Middle) (Suffix)

OR

(if an entity)

(Caution: Do not provide both an individual and an entity name.)

Street address

(Street number and name)

(City)

CO  
(State)

(ZIP Code)

Mailing address

(leave blank, if same as street address)

(Street number and name or Post Office Box information)

(City)

CO  
(State)

(ZIP Code)

6. (If applicable, adopt the following statement by marking the box and include an attachment.)

This document contains additional information as provided by law.

7. (Caution: Leave blank if the document does not have a delayed effective date. Stating a delayed effective date has significant legal consequences. Read instructions before entering a date.)

(If the following statement applies, adopt the statement by entering a date and, if applicable, time using the required format.)

The delayed effective date and, if applicable, time of this document are

(mm/dd/yyyy hour:minute am/pm)

Notice:

Causing this document to be delivered to the Secretary of State for filing shall constitute the affirmation or acknowledgment of each individual causing such delivery, under penalties of perjury, that such document is such individual's act and deed, or that such individual in good faith believes such document is the act and deed of the person on whose behalf such individual is causing such document to be delivered for filing, taken in conformity with the requirements of part 3 of article 90 of title 7, C.R.S. and, if applicable, the constituent documents and the organic statutes, and that such individual in good faith believes the facts stated in such document are true and such document complies with the requirements of that Part, the constituent documents, and the organic statutes.

This perjury notice applies to each individual who causes this document to be delivered to the Secretary of State, whether or not such individual is identified in this document as one who has caused it to be delivered.

8. The true name and mailing address of the individual causing this document to be delivered for filing are

Webber  Jane

(Last) (First) (Middle) (Suffix)

SKF USA Inc.

(Street number and name or Post Office Box information)

890 Forty Foot Road

Lansdale  PA  19446

(City) (State) (ZIP/Postal Code)

USA

(Province - if applicable) (Country)

(If applicable, adopt the following statement by marking the box and include an attachment.)

This document contains the true name and mailing address of one or more additional individuals causing the document to be delivered for filing.

**Disclaimer:**

This form/cover sheet, and any related instructions, are not intended to provide legal, business or tax advice, and are furnished without representation or warranty. While this form/cover sheet is believed to satisfy minimum legal requirements as of its revision date, compliance with applicable law, as the same may be amended from time to time, remains the responsibility of the user of this form/cover sheet. Questions should be addressed to the user's legal, business or tax advisor(s).

STATE OF COLORADO  
DEPARTMENT OF STATE

I hereby certify that this is a true copy of  
Document No. \_\_\_\_\_  
consisting of \_\_\_\_\_ pages filed by the  
Colorado Secretary of State in the records  
of the Secretary of State.

\_\_\_\_\_  
Secretary of State

\_\_\_\_\_  
Date







STATE OF COLORADO  
DEPARTMENT OF STATE

I hereby certify that this is a true copy of  
Document No. 2041216176  
consisting of 5 pages filed by the  
Colorado Secretary of State in the records  
of the Secretary of State.

[Signature]  
Secretary of State

By Susan Jantz Date 04-02-2014