

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

ETAS ID: TM362273


SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	ENTITY CONVERSION		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
Haas Group International Inc.		09/29/2015	CORPORATION: PENNSYLVANIA
RECEIVING PARTY DATA			
Name:	Haas Group International, LLC		
Street Address:	1475 Phoenixville Pike, Suite 101		
City:	West Chester		
State/Country:	PENNSYLVANIA		
Postal Code:	19380		
Entity Type:	LIMITED LIABILITY COMPANY: PENNSYLVANIA		
PROPERTY NUMBERS Total: 4			
Property Type	Number	Word Mark	
Registration Number:	2421655	HAASTRAC	
Registration Number:	2609886	HAZTRACK	
Registration Number:	3003870	MAX COM	
Serial Number:	86643461	HAAS GROUP INTERNATIONAL	
CORRESPONDENCE DATA			
Fax Number:	2165790212		
<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>			
Phone:	216-586-7149		
Email:	agott@jonesday.com, pcyingier@jonesday.com		
Correspondent Name:	Angela R. Gott		
Address Line 1:	901 Lakeside Avenue		
Address Line 2:	JONES DAY		
Address Line 4:	Cleveland, OHIO 44114		
ATTORNEY DOCKET NUMBER:	637143-605001		
NAME OF SUBMITTER:	Angela R. Gott		
SIGNATURE:	/Angela R. Gott/		
DATE SIGNED:	11/13/2015		
Total Attachments: 5			

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Entity#: 615135
Date Filed: 09/29/2015
Effective Date: 10/01/2015
Pedro A. Cortés
Secretary of the Commonwealth

PENNSYLVANIA DEPARTMENT OF STATE
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS

<input type="checkbox"/> Return document by mail to:	Statement of Conversion  TCO150929JM1177
Name _____	
Address _____	
City _____ State _____ Zip Code _____	
<input checked="" type="checkbox"/> Return document by email to: <u>bishopp@pepperlaw.com</u>	

Read all instructions prior to completing.

Fee: \$70

In compliance with the requirements of the applicable provisions of 15 Pa.C.S. § 355 (relating to Statement of conversion), the undersigned association, desiring to effect a conversion, hereby states that:

A. For the converting association:

1. The name of the converting association is: Haas Group International Inc.

2. The jurisdiction of formation of the converting association is: Pennsylvania

3. The type of association is (check only one):

- | | | |
|--|--|---|
| <input checked="" type="checkbox"/> Business Corporation | <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Business Trust |
| <input type="checkbox"/> Nonprofit Corporation | <input type="checkbox"/> Limited Liability (General) Partnership | <input type="checkbox"/> Professional Association |
| <input type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Limited Liability Limited Partnership | <input type="checkbox"/> Other _____ |

4. Date on which the association was created, incorporated, formed or otherwise came into existence:

05/19/1975
(MM/DD/YYYY)

5. If the converting association is a domestic filing association (a Pennsylvania business corporation, nonprofit corporation, limited partnership, limited liability company, professional association or business trust), the statute under which it was first created, incorporated, formed or otherwise came into existence:

Business Corporation Law of 1933
(ex. Business Corporation Law of 1988, Limited Liability Company Law of 1994, etc.)

2015 SEP 29 PM 12: 53

DEPT. OF STATE

TRADEMARK
REEL: 005668 FRAME: 0056

6. Check and complete one of the following addresses for the converting association.

<input checked="" type="checkbox"/>	<p>If the converting association is a domestic filing association, domestic limited liability partnership or registered foreign association, the current registered office address as on file with the Department of State. Complete part (a) OR (b) -- not both.</p> <p>(a) <u>1475 Phoenixville Pike</u> <u>West Chester</u> <u>PA</u> <u>19380</u> <u>Chester</u> <small>Number and street City State Zip County</small></p> <p>(b) c/o: _____ <small>Name of Commercial Registered Office Provider County</small></p>
<input type="checkbox"/>	<p>If the converting association is a domestic association that is <i>not</i> a domestic filing association or limited liability partnership, the address, including street and number, if any, of its principal office:</p> <p>_____ <small>Number and street City State Zip County</small></p>
<input type="checkbox"/>	<p>If the converting association is a nonregistered foreign association, the address, including street and number, if any, of its registered or similar office, if any, required to be maintained by the law of its jurisdiction of formation; or if it is not required to maintain a registered or similar office, its principal office:</p> <p>_____ <small>Number and street City State Zip</small></p>

8. For the converted association:

1. The name of the converted association is: Haas Group International, LLC

2. The jurisdiction of formation of the converted association is: Pennsylvania

3. The type of association is (check only one):

- | | | |
|---|--|---|
| <input type="checkbox"/> Business Corporation | <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Business Trust |
| <input type="checkbox"/> Nonprofit Corporation | <input type="checkbox"/> Limited Liability (General) Partnership | <input type="checkbox"/> Professional Association |
| <input checked="" type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Limited Liability Limited Partnership | <input type="checkbox"/> Other _____ |

4. Check and complete one of the following addresses for the converted association.

<input checked="" type="checkbox"/>	<p>If the converted association is a domestic filing association, domestic limited liability partnership or registered foreign association, its registered office address. Complete part (a) OR (b) – not both:</p> <p>(a) <u>1475 Phoenixville Pike</u> <u>West Chester</u> <u>PA</u> <u>19380</u> <u>Chester</u> <small>Number and street City State Zip County</small></p> <p>(b) c/o. _____ <small>Name of Commercial Registered Office Provider County</small></p>
<input type="checkbox"/>	<p>If the converted association is a domestic association that is <i>not</i> a domestic filing association or limited liability partnership, the address, including street and number, if any, of its principal office:</p> <p>_____ <small>Number and street City State Zip County</small></p>
<input type="checkbox"/>	<p>If the converted association is a nonregistered foreign association, complete both (1) and (2).</p> <p>(1) The address, including street and number, if any, of its registered or similar office, if any, required to be maintained by the law of its jurisdiction of formation, or if it is not required to maintain a registered or similar office, its principal office address:</p> <p>_____ <small>Number and street City State Zip</small></p> <p>(2) The name and address, including street and number, of its registered agent:</p> <p>_____ <small>Name of Registered Agent</small></p> <p>_____ <small>Number and street City State Zip</small></p>

C. Effective date of statement of conversion (check, and if appropriate complete, one of the following):

This Statement of Conversion shall be effective upon filing in the Department of State.

This Statement of Conversion shall be effective on 10/01/2015 at 12:03 a.m.
Date (MM/DD/YYYY) Hour (if any)

D. Approval of conversion by converting association (check only one):

For converting association that is a domestic entity – The plan of conversion was approved in accordance with 15 Pa.C.S. Chapter 3, Subchapter F (relating to conversion).

For converting association that is a foreign association – The conversion was approved in accordance with the law of the jurisdiction of formation of the converting association.

E. Attachments (see Instructions for required and optional attachments).

IN TESTIMONY WHEREOF, the undersigned converting association has caused this Statement of Conversion to be signed by a duly authorized officer thereof this 29th day of September, 2015.


Haas Group International Inc.
Name of Converting Association

Val Halland
Signature

Vice President and Secretary
Title

EXHIBIT A

PENNSYLVANIA DEPARTMENT OF STATE BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS

<input type="checkbox"/> Return document by mail to: Name _____ Address _____ City _____ State _____ Zip/Zip+4 _____	<input type="checkbox"/> Return document by email to: _____	<p style="text-align: center;">Certificate of Organization Domestic Limited Liability Company DSCB 15-8913 (rev. 7/2015)</p>  <p style="text-align: center;">8913</p>
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Read all instructions prior to completing. This form may be submitted online at <http://www.corporation.state.pa.us>.

Fee: \$125

In compliance with the requirements of 15 Pa.C.S. § 8913 (relating to certificate of organization), the undersigned desiring to organize a limited liability company, hereby certifies that:

1. The name of the limited liability company (<i>designator is required, i.e., "company", "limited" or "limited liability company" or abbreviation</i>). Haas Group International, LLC

2. The (a) address of the limited liability company's initial registered office in this Commonwealth or (b) name of its commercial registered office provider and the county of venue is: (<i>Complete (a) or (b) - not both</i>)
(a) Number and Street City State Zip County
1475 Phoenixville Pike West Chester PA 19380 Chester
(b) Name of Commercial Registered Office Provider County
c/o.

3. The name and address, including street and number, if any, of each organizer is (<i>all organizers must sign on page 2</i>):
Name Address

4. ~~Strike out if inapplicable term~~
A member's interest in the company is to be evidenced by a certificate of membership interest.

5. ~~Strike out if inapplicable~~
Management of the company is vested in a manager or managers.

6. The specified effective date, if any is: 10/01/2015 at 12:03 a.m.
(MM/DD/YYYY and hour, if any)

7. ~~Strike out if inapplicable~~ The company is a restricted professional company organized to render the following restricted professional service(s):

8. For additional provisions of the certificate, if any, attach an 8 1/2 x 11 sheet.

IN TESTIMONY WHEREOF, the organizer(s) has (have)
signed this Certificate of Organization this
_____ day of _____

Signature

Signature

Signature