

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

ETAS ID: TM374470

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	ENTITY CONVERSION		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
WMK, Inc.		09/18/2015	CORPORATION: OHIO
RECEIVING PARTY DATA			
Name:	WMK, LLC		
Street Address:	810 Moe Drive		
City:	Akron		
State/Country:	OHIO		
Postal Code:	44310		
Entity Type:	LIMITED LIABILITY COMPANY: OHIO		
PROPERTY NUMBERS Total: 6			
Property Type	Number	Word Mark	
Registration Number:	2286278	MOBILITYWORKS	
Serial Number:	86755479	MW MOBILITYWORKS	
Serial Number:	86757166	MW MOBILITYWORKS	
Serial Number:	86757235	MW MOBILITYWORKS BE THERE	
Serial Number:	86753732	MW MOBILITYWORKS BE THERE	
Registration Number:	4594574	MOBILITY EXPO	
CORRESPONDENCE DATA			
Fax Number:	5136985079		
<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:	513-698-5078		
Email:	mmarrero@ulmer.com		
Correspondent Name:	Michael A. Marrero		
Address Line 1:	600 Vine Street		
Address Line 2:	Suite 2800		
Address Line 4:	Cincinnati, OHIO 45202-2409		
ATTORNEY DOCKET NUMBER:	39983-0000		
NAME OF SUBMITTER:	Michael A. Marrero		
SIGNATURE:	/Michael A. Marrero/		
DATE SIGNED:	02/25/2016		

OP \$165.00 2286278

Total Attachments: 10

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201526101964

DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
09/18/2015	201526101964	CONVERSION WITHIN SOS RECORDS (CVS)	125.00	300.00	.00	.00	.00

Receipt

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

CALFEE, HALTER & GRISWOLD LLP
GREGORY J. DZIAK
1405 EAST 6TH STREET
CLEVELAND, OH 44114

**STATE OF OHIO
CERTIFICATE**

Ohio Secretary of State, Jon Husted

968082

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

WMK, LLC

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

Document(s)

CONVERSION WITHIN SOS RECORDS

Document No(s):

201526101964

Effective Date: **09/18/2015**

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 18th day of September, A.D. 2015.

A handwritten signature in cursive script that reads "Jon Husted".

Ohio Secretary of State



Form 700 Prescribed by:
JON HUSTED
 OHIO SECRETARY OF STATE
 Toll Free: (877) 808-FREE (877-787-2433)
 Central Ohio: (614) 468-3210
 www.OhioSecretaryofState.gov
 osecretary@OhioSecretaryofState.gov
 File online or for more information: www.OHBusinessCentral.com

Mail this form to one of the following:
 Regular Filing (non-voidable):
 P.O. Box 1229
 Columbus, OH 43261
 Expedited Filing (Two business day processing time, Requires an additional \$100 fee):
 P.O. Box 1200
 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) <input checked="" type="checkbox"/> Converting <u>Within</u> The Records of the Ohio Secretary of State	(2) <input type="checkbox"/> Converting <u>Off</u> The Records of the Ohio Secretary of State (187-VXX)
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Name of the converting entity	WMK, Inc.
Jurisdiction of Formation	Ohio
Charter/Registration Number	985082

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
 2015 SEP 18 PM 12:25
 OHIO SECRETARY OF STATE

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 (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

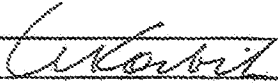
City State Zip Code

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)

William M. Kosblitz, 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.

WMK, Inc.

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	9/17/2015	Ohio Job & Family Services Status and Liability Section Data Correspondence Control Fax: 614-752-4811 Phone: 614-486-2319 Overnight: P.O. Box 182413 Columbus, OH 43218-2413	9/17/2015
*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 *Complete this date notified field only if the corporation is a domestic non-profit corporation or foreign corporation. (see* note below)		<input checked="" type="checkbox"/> The corporation is not required to pay or the department of taxation has not assessed any personal property tax.	

*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: [Signature] Title: President

Name: William M. Kosbiftz

Mailing Address: 4189 Kinross Lakes Pkwy., Suite 300

City: Richfield State: Ohio Zip Code: 44286

Sworn to and subscribed in my presence on 9/17/15 Date



ANGELICA DEL BALSO
NOTARY PUBLIC
STATE OF OHIO
Recorded in
Portage County
My Comm. Exp. 11/19/19

[Signature]
Notary Public

Commission Expires

11/19/19
9/17/15
Date

AFFIDAVIT OF PERSONAL PROPERTY

State of Ohio

County of Summit

William M. Koebitz
Name of Officer

President
Title of Officer

of WMK, Inc.
Name of Corporation

and that this affidavit is made in compliance with Section 1701.85(H)(1) of the Ohio Revised Code.

That above-named corporation: (Check one (1) of the following)

- Has no personal property in any county in Ohio
- Is the type required to pay personal property taxes to state authorities only
- Has personal property in the following county (ies)

Summit Lucas Hamilton

Signature: [Handwritten Signature]

Title: President

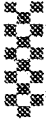
Sworn to and subscribed in my presence on Date 9/17/15



ANGELICA DEL BALSO
NOTARY PUBLIC
STATE OF OHIO
Recorded in
Portage County
My Comm. Exp. 11/19/19

Angelica Del Balso
Notary Public

Expiration date of Notary Public's Commission Date 11/19/19



Department of
Taxation

Taxpayer Services Division
P.O. Box 162382
Columbus, Ohio 43216-2382
Phone: 614-465-4639
TTY/TDD: 800-750-0730
<http://tax.ohio.gov>

Date: August 28, 2015

Gerhard Schmidt
WMK INC
4199 Kinross Lakes Pkwy Ste 100
Richfield, OH 44286
USA

Re: 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.

This certificate does not preclude the Department from issuing a bill and/or assessment against the entity for any tax returns and tax liabilities that become due after the certificate issue date or as a result of an examination or audit for any period ending prior to the date of dissolution with the Ohio Secretary of State.

This Certificate of Tax Clearance is valid for 30 days from the date of issuance as indicated below.

WMK INC
Charter: 968082

Certificate issue date: August 28, 2015

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:
JON HUSTED
 OHIO SECRETARY OF STATE

Toll Free: (877) 808-FILE (877-757-3463)
 Central Ohio: (614) 465-3910
www.OhioSecretaryofState.gov
hustedj@OhioSecretaryofState.gov
 File online or for more information: www.OhioBusinessCentral.com

Mail this form to one of the following:
 Regular Filing (non-expedited)
 P.O. Box 670
 Columbus, OH 43216
 Expedite Filing (Free business day processing time.
 Response fee additional \$100.00)
 P.O. Box 1225
 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

WMK, 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

William M. Koebnitz

Name of Agent

4199 Kinross Lakes Pkwy., Suite 300

Mailing Address

Richfield

City

Ohio

State

44288

ZIP Code

ACCEPTANCE OF APPOINTMENT

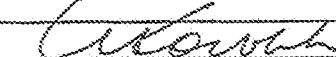
The undersigned, William M. Koebnitz named herein as the statutory agent
Statutory Agent Name

for WMK, LLC

Name of Limited Liability Company

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

Statutory Agent Signature



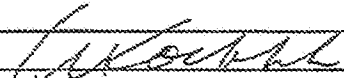
Individual Agent's Signature / Signature on Behalf of Business Serving as Agent

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.


Signature

By (if applicable)

William M. Koebitz, Manager
Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name