

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

ETAS ID: TM420692

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	MERGER
EFFECTIVE DATE:	01/01/2017

CONVEYING PARTY DATA

Name	Formerly	Execution Date	Entity Type
AmQuip Crane Rental LLC		12/30/2016	Limited Liability Company: DELAWARE

RECEIVING PARTY DATA

Name:	Maxim Crane Works, L.P.
Street Address:	1225 Washington Pike
City:	Bridgeville
State/Country:	PENNSYLVANIA
Postal Code:	15017
Entity Type:	Limited Partnership: PENNSYLVANIA

PROPERTY NUMBERS Total: 8

Property Type	Number	Word Mark
Registration Number:	1772786	AMQUIP
Registration Number:	4071106	AMQUIP GLOBAL SERVICES
Registration Number:	4795891	AMQUIP THE CRANE PEOPLE
Registration Number:	4000123	AMQUIP THE CRANE PEOPLE
Registration Number:	3826355	ELLIOTT THE CRANE PEOPLE
Registration Number:	4053439	POWELL & SONS THE CRANE PEOPLE
Registration Number:	2662704	SHANE MCCRANE AMQUIP
Registration Number:	3826354	SHAUGHNESSY THE CRANE PEOPLE

CORRESPONDENCE DATA

Fax Number: 4123942555

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.

Phone: 412-394-7767

Email: traip@clarkhill.com

Correspondent Name: Paul D. Bangor, Jr.

Address Line 1: 301 Grant Street, 14th Floor

Address Line 2: One Oxford Centre


Address Line 4: Pittsburgh, PENNSYLVANIA 15219

OP \$215.00 1772786

NAME OF SUBMITTER:	Paul D. Bangor, Jr.
SIGNATURE:	/Paul D. Bangor, Jr./
DATE SIGNED:	03/22/2017
Total Attachments: 4 source=20170322155410#page1.tif source=20170322155410#page2.tif source=20170322155410#page3.tif source=20170322155410#page4.tif	

Entity# : 2590021
Date Filed : 12/30/2016
Effective Date : 01/01/2017
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: CSC Order #443034 Name _____ Address _____ Corporation Service Company (xx)Return document by email to: csepa@cscinfo.com	<p style="text-align: center;">Statement of Merger DSCR-15-335</p>  <p style="text-align: center;">TCO161230JM0296</p>
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Read all instructions prior to completing.

Fee: \$70 plus \$40 for *each* association that is a party to the merger
The minimum amount to be submitted with this filing is \$150

In compliance with the requirements of the applicable provisions of 15 Pa.C.S. § 335 (relating to Statement of merger), the undersigned, desiring to effect a merger, hereby states that:

A. For the surviving association:

1. The name of the surviving association is: Maxim Crane Works, L.P.
2. The jurisdiction of formation of the surviving association: Pennsylvania
3. The type of association of the surviving association is (check only one):
 - Business Corporation
 - Nonprofit Corporation
 - Limited Liability Company
 - Limited Partnership
 - Limited Liability (General) Partnership
 - Limited Liability Limited Partnership
 - Business Trust
 - Professional Association
 - Other _____

2016 DEC 30 AM 9: 56

DEPT OF STATE

TRADEMARK
REEL: 006016 FRAME: 0691

4. The surviving association is a (check only one box, provide address and follow instructions for attachments):

- Domestic (Pennsylvania) filing entity already in existence on Department of State records
If applicable, attach to this Statement any amendment to its public organic record approved as part of the plan of merger.
- NEW domestic (Pennsylvania) filing entity (includes limited liability limited partnership)
Attach to this Statement the public organic record of the new entity
- Foreign filing association or foreign limited liability partnership already registered with the Department.
If applicable, attach to this Statement any amendment to or transfer of its foreign registration approved as part of the plan of merger.
- Foreign filing association or foreign limited liability partnership simultaneously seeking registration with the Department of State
Attach to this Statement a completed form DSCB:15-412 (Foreign Registration Statement) with applicable fee and attachments.

Its current registered office address. *Complete part (a) OR (b) – not both*

(a) _____	City	State	Zip	County
Number and street				_____
(b) c/o: <u>CT Corporation System</u>				Dauphin
Name of Commercial Registered Office Provider				County

- NEW domestic (Pennsylvania) limited liability partnership or electing partnership
Attach completed DSCB 15-8201 (Statement of Registration) or DSCB 15-8701A (Statement of Election)
- Domestic association that is not a domestic filing association
Attach to this Statement tax clearance certificates

The address, including street and number, if any, of its principal office:

_____	City	State	Zip	County
Number and street				_____

- Foreign association that is not, and will not, be registered with the Department of State
Attach to this Statement tax clearance certificates.

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:

_____	City	State	Zip
Number and street			

B. For the merging association(s) that are not surviving the merger:

1. The name of the merging association is: AmQuip Crane Rental LLC

2. The jurisdiction of formation of the merging association: Delaware

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.

<input checked="" type="checkbox"/>	<p>If the merging 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. <i>Complete part (a) OR (b) – not both.</i></p> <p>(a) <u>777 Winks Lane, Bensalem, PA 19020, Bucks County</u></p> <table border="0" style="width: 100%;"> <tr> <td style="width: 35%;">Number and street</td> <td style="width: 20%;">City</td> <td style="width: 15%;">State</td> <td style="width: 10%;">Zip</td> <td style="width: 20%;">County</td> </tr> </table> <p>(b) c/o: _____</p> <table border="0" style="width: 100%;"> <tr> <td style="width: 80%;">Name of Commercial Registered Office Provider</td> <td style="width: 20%;">County</td> </tr> </table>	Number and street	City	State	Zip	County	Name of Commercial Registered Office Provider	County
Number and street	City	State	Zip	County				
Name of Commercial Registered Office Provider	County							
<input type="checkbox"/>	<p>If the merging 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> <table border="0" style="width: 100%;"> <tr> <td style="width: 35%;">Number and street</td> <td style="width: 20%;">City</td> <td style="width: 15%;">State</td> <td style="width: 10%;">Zip</td> <td style="width: 20%;">County</td> </tr> </table>	Number and street	City	State	Zip	County		
Number and street	City	State	Zip	County				
<input type="checkbox"/>	<p>If the merging 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 address:</p> <table border="0" style="width: 100%;"> <tr> <td style="width: 35%;">Number and street</td> <td style="width: 20%;">City</td> <td style="width: 15%;">State</td> <td style="width: 30%;">Zip</td> </tr> </table>	Number and street	City	State	Zip			
Number and street	City	State	Zip					

**Use Statement of Merger – Addendum (DSCB:15-335AD)
for additional merging parties that are not surviving the merger.**

DSCB.15-315-4

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

- This Statement of Merger shall be effective upon filing in the Department of State.
 This Statement of Merger shall be effective on: 01/01/2017 at _____.
Date (MM/DD/YYYY) Hour (if any)

D. Approval of merger by merging associations (check all applicable statement(s)):

- For domestic entities – The merger was approved in accordance with 15 Pa.C.S. Chapter 3, Subchapter C (relating to merger).
 For foreign associations – The merger was approved in accordance with the laws of the jurisdiction of formation
 For domestic associations that are not domestic entities – The merger was approved by the interest holders of the merging association in the manner required by its organic law.

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

IN TESTIMONY WHEREOF, the undersigned merging associations have caused this Statement of Merger to be signed by duly authorized officers thereof this 30 day of December, 20 16.

AmQuip Crane Rental LLC

Name of Merging Association

[Signature]

Signature

Vice President

Title

Maxim Crane Works, L.P.

Name of Merging Association

[Signature]

Signature

Chief Legal Officer

Title