

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
 Stylesheet Version v1.2

ETAS ID: TM442941

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	MERGER		
EFFECTIVE DATE:	08/22/2006		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
SHUTTLELIFT, INC.		07/24/2006	Corporation: WISCONSIN
RECEIVING PARTY DATA			
Name:	Marine Travelift, Inc.		
Street Address:	49 E. YEW STREET		
City:	STURGEON BAY		
State/Country:	WISCONSIN		
Postal Code:	54235		
Entity Type:	Corporation: WISCONSIN		
PROPERTY NUMBERS Total: 1			
Property Type	Number	Word Mark	
Registration Number:	1489916	SHUTTLELIFT	
CORRESPONDENCE DATA			
Fax Number:	4142770656		
<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:	4142716560		
Email:	mkeipdocket@michaelbest.com		
Correspondent Name:	Lori S. Meddings		
Address Line 1:	100 East Wisconsin Avenue, Suite 3300		
Address Line 4:	Milwaukee, WISCONSIN 53202		
NAME OF SUBMITTER:	Jaime L. Trembl		
SIGNATURE:	/jaime l. trembl/		
DATE SIGNED:	09/13/2017		
Total Attachments: 3			
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OP \$40.00 1489916

Sec. 180.11045 and
180.1106, Wis.
Stats.
2006 JUL 24 10:40

RECEIVED - DEPT OF
FINANCIAL INSTITUTIONS
STATE OF WISCONSIN
DEPARTMENT OF FINANCIAL INSTITUTIONS
Division of Corporate & Consumer Services
2006 AUG 22 11:04



ARTICLES OF MERGER

Domestic and Foreign For-Profit Corporations

1. Non-Surviving Parties to the Merger:

Corporation Name: SHUTTLELIFT, INC.	<div style="border: 1px solid black; padding: 5px; text-align: center;"> STATE OF WISCONSIN FILED AUG 29 2006 DEPARTMENT OF FINANCIAL INSTITUTIONS </div>	Organized under the laws of Wisconsin (state or country)
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Does the above named non-surviving party have a fee simple ownership interest in any Wisconsin real estate?

☐ Yes ☒ No

If yes, the surviving corporation is required to file a report with the Wisconsin Department of Revenue under sec. 73.14 of the Wisconsin Statutes. (See instructions.)

Corporation Name: MTI LEASING, INC.	Organized under the laws of Wisconsin (state or country)
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Does the above named non-surviving party have a fee simple ownership interest in any Wisconsin real estate?

☐ Yes ☒ No

If yes, the surviving corporation is required to file a report with the Wisconsin Department of Revenue under sec. 73.14 of the Wisconsin Statutes. (See instructions.)

Schedule more non-surviving parties as an additional page and indicate whether the non-surviving party has a fee simple ownership interest in any Wisconsin real estate.

2. Surviving Corporation:

Corporation Name: MARINE TRAVELIFT, INC.	Organized under the laws of Wisconsin (state or country)
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3. Indicate below if the surviving corporation is an indirect wholly owned subsidiary or parent:

☒ The surviving corporation is a Domestic or Foreign Business Corporation that is an indirect wholly owned subsidiary or parent and the merger was approved in accordance with sec. 180.11045 and the requirements of sec. 180.11045(2) have been satisfied.

☐ The surviving corporation is not a Domestic or Foreign Business Corporation that is an indirect wholly owned subsidiary or parent.

FILING FEE - \$150.00

DFI/CORP/2001(C06/06)

4. The plan of merger has been approved and adopted by each corporation that is a party to the merger as required under sec. 180.1103 or 180.1104, Wis. Stats., as applicable.

5. A. The articles of incorporation of the surviving corporation are amended as follows:

The Articles of Incorporation for Marine Travelift, Inc., the surviving domestic corporation, shall remain the same.

OR

B. If there are no amendments, indicate the name of the corporation that is a party to the merger whose articles of incorporation will be the articles of incorporation of the surviving corporation:

MARINE TRAVELIFT, INC.

6. The executed plan of merger is on file at the principal place of business of the surviving corporation.

7. The surviving corporation will provide a copy of the plan of merger, upon request and without cost, to any shareholder of a corporation that was a party to the merger or, upon payment to the surviving corporation of an amount equal to the cost of producing the copy, to any other interested person.

8. (OPTIONAL) Effective Date and Time of Merger

These articles of merger, when filed, shall be effective on _____ (date) at _____ (time).

(An effective date declared under this article may not be earlier than the date the document is delivered to the department for filing, nor more than 90 days after its delivery. If no effective date and time is declared, the effective date and time will be determined by sec.180.0123.

9. Executed on July, 2006 (date)
by the surviving corporation on behalf of all parties
to the merger.

Mark (X) below the title of the person executing the
document.

Title: ☒ President OR ☐ Secretary
or other officer title _____


(Signature)

J. STEPHAN PFEIFER

(Printed Name)

This document was drafted by: Attorney Kenneth G. Calewarts
(Name the individual who drafted the document)

Fee simple ownership interest ☐ Yes ☐ No (for DFI use only)

ARTICLES OF MERGER

Domestic and Foreign Business Corporations

Kenneth G. Calewarts
PO Box 488
Green Bay, WI 54305-0488

▲ Enter your return address within the bracket above.

Phone number during the day: (920) 432 - 4391

INSTRUCTIONS (Ref. Sec. 180.11045 and 180.1105, Wis. Stats. for document content)

Submit one original and one exact copy along with the required filing fee of \$150.00 to the address listed below. Make checks payable to the "Department of Financial Institutions". Filing fee is non-refundable. Sign the document manually or otherwise allowed under 180.0103(16).

Mailing Address:
Department of Financial Institutions
Division of Corporate & Consumer
Services
P O Box 7846
Madison WI 53707-7846

Physical Address for Express Mail:
Department of Financial Institutions
Division of Corporate & Consumer
Services
345 W. Washington Ave – 3rd Fl.
Madison WI 53703

Phone: 608-261-7577
FAX: 608-267-6813
TTY: 608-266-8818

NOTICE: This form may be used to accomplish a filing required or permitted by statute to be made with the department. Information requested may be used for secondary purposes. This document can be made available in alternate formats upon request to qualifying individuals with disabilities.

1. Enter the corporation name and state or country of organization of each non-surviving party to the merger. Definitions of foreign entity types are set forth in sec.180.0103 (9), Wis. Stats. Select yes or no to indicate whether the non-surviving party has a fee simple ownership interest in any Wisconsin real estate. See sec. 73.14 and 77.25, Wis. Stats., or contact the Wisconsin Department of Revenue at (608)266-1594 for questions regarding fee simple ownership interest and the filing requirements with that department.

2. Enter the corporation name (prior to any amendment to change the name) and state or country of organization of the surviving corporation.

3. Indicate whether the surviving corporation is an indirect wholly owned subsidiary or parent. See sec. 180.11045, Wis. Stats. for requirements. See sec. 180.11045(1)(b), Wis. Stats. for definition.

4. This statement is required per sec. 180.1105 (1)(cm) of the Wis. Stats.

5. A. OR B. Indicate any amendments to the articles of incorporation of the surviving corporation in section A. If there are no amendments, indicate the name of the corporation that is a party to the merger whose articles of incorporation will be the articles of incorporation of the surviving corporation in section B.

6. This statement is required per sec. 180.1105(f) of the Wis. Stats.

7. This statement is required per sec. 180.1105(g) of the Wis. Stats.

8. (Optional) If the merger is to take effect at a time other than the close of business on the day the articles of merger are delivered to the department for filing, state the effective date or date and time. An effective date may not be earlier than the date the document is delivered to the Department of Financial Institutions, nor a date more than 90 days after its delivery.

9. Enter the date of execution and the name and title of the person signing the document. If the document is executed in Wisconsin, sec. 182.01(3) provides that it shall not be filed unless the name of the person (individual) who drafted it is printed, typewritten or stamped thereon in a legible manner. If the document is not executed in Wisconsin, enter that remark.

DFI/CORP/2001(C06/06)

3