

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

ETAS ID: TM448665

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	CHANGE OF NAME		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
MEDEX Global Group, Inc.		07/07/2011	Corporation: MINNESOTA
RECEIVING PARTY DATA			
Name:	FrontierMEDEX, Inc.		
Street Address:	8501 Lasalle Road		
City:	Towson		
State/Country:	MARYLAND		
Postal Code:	21286		
Entity Type:	Corporation: MINNESOTA		
PROPERTY NUMBERS Total: 6			
Property Type	Number	Word Mark	
Serial Number:	77416475	ASI GLOBAL	
Serial Number:	76701794	FLITEBRIEF	
Serial Number:	73694804	MEDEX	
Serial Number:	77267247	MEDEX 360° M GLOBAL MEDICAL MONITOR	
Serial Number:	76655584	TAKE ME HOME	
Serial Number:	74456520	WORLD WATCH	
CORRESPONDENCE DATA			
Fax Number:			
<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:	3124606596		
Email:	jfischer@seyfarth.com		
Correspondent Name:	Jason Fischer		
Address Line 1:	233 South Wacker Drive, Suite 8000		
Address Line 4:	Chicago, ILLINOIS 60606		
NAME OF SUBMITTER:	Jason Fischer		
SIGNATURE:	/JCF/		
DATE SIGNED:	10/26/2017		
Total Attachments: 2			

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source=Change of Name - Articles - FM (2011-07-07) - Amended#page2.tif

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DC - CN



STATE OF MINNESOTA SECRETARY OF STATE
AMENDMENT OF ARTICLES OF INCORPORATION

READ THE INSTRUCTIONS BEFORE COMPLETING THIS FORM

1. Retain the original signed copy of this document for your records and submit a legible photocopy for filing with the Secretary of State.
2. There is a \$35.00 fee payable to the MN Secretary of State.
3. Return Completed Amendment Form and Fee to the address listed on the bottom of the form.

CORPORATE NAME: (List the name of the company prior to any desired name change)

MEDEX Global Group, Inc.

This amendment is effective on the day it is filed with the Secretary of State, unless you indicate another date, no later than 30 days after filing with the Secretary of State.

Format (mm/dd/yyyy)

The following amendment(s) to articles regulating the above corporation were adopted: (Insert full text of newly amended article(s) indicating which article(s) is (are) being amended or added.) If the full text of the amendment will not fit in the space provided, attach additional pages.

ARTICLE
ARTICLE 1. NAME

STATE OF MINNESOTA
DEPARTMENT OF STATE
FILED *pl*

The name of the corporation is: FrontierMEDEX, Inc.

JUL - 7 2011

Mark Ritchie
Secretary of State

This amendment has been approved pursuant to Minnesota Statutes, Chapter 302A or 317A.

I, the undersigned, certify that I am signing this document as the person whose signature is required, or as agent of the person(s) whose signature would be required who has authorized me to sign this document on his/her behalf, or in both capacities. I further certify that I have completed all required fields, and that the information in this document is true and correct and in compliance with the applicable chapter of Minnesota Statutes. I understand that by signing this document I am subject to the penalties of perjury as set forth in Section 609.48 as if I had signed this document under oath.

Guus R. Kirby
Signature of Authorized Person or Authorized Agent

Name: Guus R. Kirby, President

Tom Hudson

(410) 483-6329

Name and telephone number of contact person:

Please Print Legibly

Phone Number

FILE IN-PERSON OR MAIL TO:
Minnesota Secretary of State - Business Services
Retirement Systems of Minnesota Building
60 Empire Drive, Suite 100
St Paul, MN 55103

(Staffed 8:00 - 4:00, Monday - Friday, excluding holidays)

To obtain a copy of a form you can go to our web site at www.sos.state.mn.us, or contact us between 9:00am to 4:00pm, Monday through Friday at (651) 296-2803 or toll free 1-877-551-8707.

All of the information on this form is public. Minnesota law requires certain information to be provided for this type of filing. If that information is not included, your document may be returned unfiled. This document can be made available in alternative formats, such as large print, Braille or audio tape, by calling (651) 296-2803/voice. For a TTY/TTD (deaf and hard of hearing) communication, contact the Minnesota Relay Service at 1-800-627-3529 and ask them to place a call to (651)296-2803. The Secretary of State's Office does not discriminate on the basis of race, creed, color, sex, sexual orientation, national origin, age, marital status, disability, religion, reliance on public assistance or political opinions or affiliations in employment or the provision of service.

DD001P Amendment Rev 08 01 10

STATE OF MINNESOTA

DEPARTMENT OF STATE

I hereby certify that this is a true and complete copy of the document as filed for record in this office.

DATED 5/24/12

Mark Ritchie

Secretary of State



By

Robert R. Peterson