

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

ETAS ID: TM458641

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	ENTITY CONVERSION		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
Hobart Brothers Company		10/01/2017	Corporation: OHIO
RECEIVING PARTY DATA			
Name:	Hobart Brothers LLC		
Street Address:	101 Trade Square East		
City:	Troy		
State/Country:	OHIO		
Postal Code:	45373		
Entity Type:	Limited Liability Company: OHIO		
PROPERTY NUMBERS Total: 42			
Property Type	Number	Word Mark	
Registration Number:	0727657	FLUXCOR	
Registration Number:	0752107	SPEED-ALLOY	
Registration Number:	0758115	IN-FLUX	
Registration Number:	0808855	HARDALLOY	
Registration Number:	0818205	HOBART	
Registration Number:	0877783	FABCO	
Registration Number:	0879479	FABSHIELD	
Registration Number:	0881265	SUPER-COR	
Registration Number:	0881266	TUF-COR	
Registration Number:	0882523	FABTUF	
Registration Number:	1161690	METAL-COR	
Registration Number:	1205256	VERTI-COR	
Registration Number:	1316682	FABCOR	
Registration Number:	1378944	COREX	
Registration Number:	1378945	COREX	
Registration Number:	1441111	TRI-MARK	
Registration Number:	1443954	TRI-MARK	
Registration Number:	1471181	MCKAY	
Registration Number:	1494083	HANDLER	

CH \$1065.00 0727657

Property Type	Number	Word Mark
Registration Number:	1550740	HOBART
Registration Number:	1590554	POWER MASTER
Registration Number:	1655332	FABLOY
Registration Number:	1707855	ROBOPAK
Registration Number:	1723469	VERTIWEAR
Registration Number:	1850928	HOBART INSTITUTE OF WELDING TECHNOLOGY
Registration Number:	2048624	TRIPLE 7
Registration Number:	2477495	CHAMPION
Registration Number:	2615031	THERMGARD
Registration Number:	2615032	MAKE THE RIGHT CONNECTION
Registration Number:	2658721	J & B AVIATION MAKE THE RIGHT CONNECTION
Registration Number:	2662365	J & B AVIATION MAKE THE RIGHT CONNECTION
Registration Number:	2676887	J & B AVIATION MAKE THE RIGHT CONNECTION
Registration Number:	3160708	CHROMAWELD
Registration Number:	3265147	AIRFORCE
Registration Number:	3286460	STICKMATE
Registration Number:	3406282	MAXALMIG
Registration Number:	3406283	MAXALTIG
Registration Number:	3492130	CHAMPION
Registration Number:	3496557	MAXAL
Registration Number:	3676238	MAXALPAC
Registration Number:	4605035	HOBART
Registration Number:	4755547	SUBCOR

CORRESPONDENCE DATA

Fax Number: 2246617773

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: 2246617773

Email: dcho@itw.com

Correspondent Name: Illinois Tool Works Inc.

Address Line 1: 155 Harlem Avenue

Address Line 4: Glenview, ILLINOIS 60025

ATTORNEY DOCKET NUMBER: HBC entity conversion

NAME OF SUBMITTER: Diane Cho

SIGNATURE: /dc/

DATE SIGNED: 01/19/2018

Total Attachments: 10

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DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	CERT	COPY
09/29/2017	201727201896	Conversion Within SOS Records (CVS)	99.00	300.00	0.00	0.00

Receipt

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

CT CORPORATION SYSTEM
 4400 EASTON COMMONS WAY SUITE 125
 ATTN: TIMOTHY ROBERSON
 COLUMBUS, OH 43219

**STATE OF OHIO
 CERTIFICATE**

Ohio Secretary of State, Jon Husted

44147

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

HOBART BROTHERS LLC

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

Document(s)

Conversion Within SOS Records

Effective Date: **10/01/2017**

CHANGE BUSINESS TYPE DOM. PROFIT LIM. LIAB. CO.

Document No(s):

201727201896



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
 29th day of September, A.D. 2017.

Jon Husted
 Ohio Secretary of State



Form 700 Prescribed by:

JON HUSTED
OHIO SECRETARY OF STATE

Toll Free: (877) SOS-FILE (877-767-3453)
Central Ohio: (614) 466-3910
www.OhioSecretaryofState.gov
bussevr@OhioSecretaryofState.gov

File online or for more information: www.OHBusinessControl.com

Mail this form to one of the following:

Regular Filing (non expedite)
P.O. Box 1339
Columbus, OH 43216

Expedite Filing (Two business day processing time.
Requires an additional \$100.00)
P.O. Box 1300
Columbus, OH 43216

Certificate for Conversion for Entities Converting Within or Off the Records of the Ohio Secretary of State

Filing Fee: \$99
Form Must Be Typed

(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	Hobart Brothers Company
Jurisdiction of Formation	Ohio
Charter/Registration Number	44147

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
2017 SEP 29 PM 12:50
CLIENT SERVICE CENTER

Name of the converted entity

Jurisdiction of Formation

The converted entity is a:
(Check Only (1) One Box)

Domestic Corporation (For-Profit) Partnership

Foreign Corporation (For-Profit or Nonprofit) Domestic Limited Partnership

Domestic Nonprofit Limited Liability Company Foreign Limited Partnership

Foreign Nonprofit Limited Liability Company Domestic Limited Liability Partnership

Domestic For-Profit Limited Liability Company Foreign Limited Liability Partnership

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

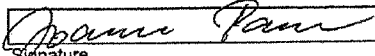
(1) the conversion creates a new domestic entity,

(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)

Joanna B. Pasek, Vice 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.

Hobart Brothers Company
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 *Only required for domestic for-profit corporations	9/22/2017	Ohio Job & Family Services Status and Liability Section Data Correspondence Control Fax: 814-752-4811 Phone: 814-466-2319 Overnight: P.O. Box 182413 Columbus, OH 43218-2413	9/22/2017 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]	9/22/2017	<input 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 Joanna Pasek Title Vice President

Joanna B. Pasek
Name

101 Trade Square East
Mailing Address

Troy Ohio 45373
City State Zip Code

Sworn to and subscribed in my presence on 9/22/2017
Date

Seal  Michelle Myers
Notary Public

Commission Expires 3/26/2018
Date

AFFIDAVIT OF PERSONAL PROPERTY

State of Illinois

County of Cook

Joanna B. Pasek
Name of Officer

Vice President of Hobart Brothers Company
Title of Officer Name of Corporation

and that this affidavit is made in compliance with Section 1701.86(H)(1) of the Ohio Revised Code.

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

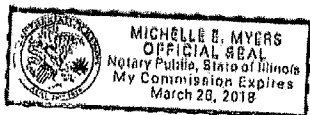
- Has no personal property in any county in Ohio
- Is the type required to pay personal property taxes to state authorities only
- Has personal property in the following county (ies)

Miami

Signature: *Joanna Pasek* Title: Vice President

Sworn to and subscribed in my presence on Date 9/24/2017

Seal



Michelle E. Myers
Notary Public

Expiration date of Notary Public's Commission Date 9/24/2017 3/28/2018

SEP. 29. 2017 8:02AM OHIO DEPT TAXATION

NO. 4104 P. 1



PO Box 182382
Columbus, OH 43218-2382
tax.ohio.gov



JOANNA PASEK
HOBART BROTHERS COMPANY
155 HARLEM AVE
GLENVIEW, IL 60025
USA

September 27, 2017
Contact ID: 8341820096

RE: Certificate of Tax Clearance
Entity Name: Hobart Brothers Company
Ohio Charter # 00044147
Certificate Issue Date: 09/27/2017

This certificate confirms the above-referenced entity filed all tax returns and paid in full all taxes and fees administered by the Tax Commissioner through the certificate issue date referred to above.

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

This Certificate of Tax Clearance is valid for thirty (30) days from the certificate issue date and must be filed along with all forms prescribed by the Ohio Secretary of State.

Joseph W. Testa
Tax Commissioner

If you have any questions, please contact us.

Tax Release Unit
Phone: 1-888-406-4039
Fax: 1-206-984-0378
TTY/TDD: 1-800-750-0750

TRAT0001

1 of 1



Form 533A Prescribed by:
JON HUSTED
 OHIO SECRETARY OF STATE
 Toll Free: (877) SOS-FILE (877-787-3453)
 Central Ohio: (614) 466-3910
www.OhioSecretaryofState.gov
busser@OhioSecretaryofState.gov
 File online or for more information: www.OHBusinessCentral.com

Mail this form to one of the following:

Regular Filing (non expedite)
 P.O. Box 670
 Columbus, OH 43216
 Expedite Filing (Two business day processing time.
 Requires an additional \$160.00)
 P.O. Box 1590
 Columbus, OH 43216

Articles of Organization for a Domestic Limited Liability Company

Filing Fee: \$99
Form Must Be Typed

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 (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)
(Optional) mm/dd/yyyy

This limited liability company shall exist for Period of Existence
(Optional)

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

Hobart Brothers 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

CT Corporation System

Name of Agent

4400 Easton Commons Way, Suite 125

Mailing Address

Columbus

City

Ohio

State

43219

ZIP Code

ACCEPTANCE OF APPOINTMENT

The undersigned, CT Corporation System named herein as the statutory agent

Statutory Agent Name

for Hobart Brothers LLC

Name of Limited Liability Company

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

Statutory Agent Signature  James H. Tanks III

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

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.

Joanna Pasek
Signature

By (if applicable)

Joanna B. Pasek, Vice President
Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name