

## TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1  
Stylesheet Version v1.2

ETAS ID: TM465586

<b>SUBMISSION TYPE:</b>	NEW ASSIGNMENT
<b>NATURE OF CONVEYANCE:</b>	MERGER
<b>EFFECTIVE DATE:</b>	01/01/2016

## CONVEYING PARTY DATA

Name	Formerly	Execution Date	Entity Type
Society of Cardiovascular Patient Care		01/01/2016	Corporation: OHIO

## RECEIVING PARTY DATA

<b>Name:</b>	American College of Cardiology Foundation
<b>Street Address:</b>	2400 N. Street, NW
<b>City:</b>	Washington
<b>State/Country:</b>	D.C.
<b>Postal Code:</b>	20037
<b>Entity Type:</b>	Non-Profit Corporation: D.C.

## PROPERTY NUMBERS Total: 6

Property Type	Number	Word Mark
Registration Number:	4160418	SOCIETY OF CHEST PAIN CENTERS CPC
Registration Number:	4160399	BECAUSE EVERY HEART MATTERS
Registration Number:	4588135	DEPUTY HEART ATTACK EHAC
Registration Number:	2065106	E.H.A.C.
Registration Number:	4480673	HEART ATTACKS HAVE BEGINNINGS
Registration Number:	4251223	TAKING SCIENCE TO THE BEDSIDE

## CORRESPONDENCE DATA

Fax Number: 2023448300

*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: 2023448156

Email: trademarkdocket@venable.com, adprice@venable.com,  
smoslick@venable.com, clfountain@venable.com

Correspondent Name: Andrew D. Price

Address Line 1: P.O. Box 34385

Address Line 2: Venable LLP

Address Line 4: Washington, D.C. 20043-9998

ATTORNEY DOCKET NUMBER: 426732

CH \$165.00 4160418

<b>NAME OF SUBMITTER:</b>	Cheryl Fountain, Paralegal
<b>SIGNATURE:</b>	/cheryllfountain/
<b>DATE SIGNED:</b>	03/14/2018
<b>Total Attachments: 7</b> source=Society of Cardiovascular Patient Care (MERGER)#page1.tif source=Society of Cardiovascular Patient Care (MERGER)#page2.tif source=Society of Cardiovascular Patient Care (MERGER)#page3.tif source=Society of Cardiovascular Patient Care (MERGER)#page4.tif source=Society of Cardiovascular Patient Care (MERGER)#page5.tif source=Society of Cardiovascular Patient Care (MERGER)#page6.tif source=Society of Cardiovascular Patient Care (MERGER)#page7.tif	



DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
12/31/2015	201536501622	Merger (MER)	99.00	300.00	0.00	0.00	0.00

**Receipt**

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

CT CORPORATION SYSTEM  
 CHRIS RICKARD  
 4400 EASTON COMMONS WAY SUITE 125  
 COLUMBUS, OH 43215

**STATE OF OHIO  
 CERTIFICATE**

**Ohio Secretary of State, Jon Husted  
 3843705**

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

**AMERICAN COLLEGE OF CARDIOLOGY FOUNDATION**

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

Document(s)

**Merger**

Document No(s):

**201536501622**

**Effective Date: 01/01/2016**



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  
 31st day of December, A.D. 2015.

*Jon Husted*  
 Ohio Secretary of State

DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
12/31/2015	201536501622	MERGED OUT OF EXISTENCE (MEX)	0.00	0.00	0.00	0.00	0.00

**Receipt**

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

CT CORPORATION SYSTEM  
 CHRIS RICKARD  
 4400 EASTON COMMONS WAY SUITE 125  
 COLUMBUS, OH 43215

**STATE OF OHIO  
 CERTIFICATE**

**Ohio Secretary of State, Jon Husted  
 1057270**

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

**SOCIETY OF CARDIOVASCULAR PATIENT CARE**

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

Document(s)

**MERGED OUT OF EXISTENCE**

Effective Date: 01/01/2016

Document No(s):

**201536501622**



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  
 31st day of December, A.D. 2015.

*Jon Husted*  
 Ohio Secretary of State



Form 551 Prescribed by:  
**JON HUSTED**  
OHIO SECRETARY OF STATE

Toll Free: (877) 809-FILE (877-787-3453)  
Central Ohio: (614) 469-3910  
www.OhioSecretaryofState.gov  
hustedj@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 1329  
Columbus, OH 43218

Expedite Filing (two business day processing time)  
Requires an additional \$100.00

P.O. Box 1380  
Columbus, OH 43218

### Certificate of Merger

Filing Fee: \$99

(154-MER)

Forms Must Be Typed

In accordance with the requirements of Ohio law, the undersigned corporations, banks, savings banks, savings and loan associations, limited liability companies, partnerships, limited partnerships and/or limited liability partnerships, desiring to effect a merger, set forth the following facts

**I. (Surviving) Entity**

A. Name of Entity Surviving the Merger,

**B. Name Change: As a result of this merger, the name of the surviving entity has changed to the following**

(Complete only if name of surviving entity is changing through the merger)

**C. The surviving entity is a (Please check the appropriate box and fill in the appropriate blanks)**

1.  Domestic (Ohio entity)  Foreign (Non-Ohio Entity)

Jurisdiction of formation

2. Charter/Registration/License Number

(If licensed in Ohio as domestic or foreign)

3.  For-Profit Corporation

Nonprofit Corporation

For-Profit Limited Liability Company

Nonprofit Limited Liability Company

Partnership

Limited Partnership

Limited Liability Partnership

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**II. CONSTITUENT ENTITY**

Provide the name, Ohio charter/license/registration number, type of entity, jurisdiction of formation, for each entity merging out of existence. (If this is insufficient space to reflect all merging entities, please attach a separate sheet listing the additional merging entities).

Entity Name	Ohio Charter/License/Registration Number	Jurisdiction of Formation	Type of Entity
Society of Cardiovascular Patient Care	1057270	Ohio	NP Corp

**III. MERGER AGREEMENT ON FILE**

The name and mailing address of the person or entity from whom/which eligible persons may obtain a copy of the merger agreement upon written request.

American College of Cardiology Foundation

Name

2400 N Street, NW

Mailing Address

Washington

City

DC

State

20037

Zip Code

**IV. EFFECTIVE DATE OF MERGER**

This merger is to be effective on January 1, 2016 (The date specified must be on or after the date of the filing. If no date is specified, the date of filing will be the effective date of the merger).

**V. MERGER AUTHORIZED**

Each constituent entity has complied with the laws under which it exists and the laws permit the merger. The agreement of merger is authorized on behalf of each constituent entity and each person who signed the certificate on behalf of each entity is authorized to do so.

**VI. STATEMENT OF MERGER**

Upon filing this Certificate of Merger, or upon such later date as specified herein, the merging entity/entities listed herein shall merge into the listed surviving entity.

**VII. STATUTORY AGENT - To be filed ONLY if the surviving entity is a foreign entity not licensed in Ohio.** If the surviving entity is a foreign entity NOT licensed to transact business in Ohio, provide the name and address of a statutory agent upon whom any process, notice or demand may be served.

CT Corporation System

Name

1300 East Ninth Street

Mailing Address

Cleveland

City

Ohio

State

44114

Zip Code

**VIII. AMENDMENTS**

If a domestic corporation, limited liability company or limited partnership survives the merger, any amendments to the entity's articles of incorporation, articles of organization, or certificate of limited partnership of the surviving domestic entity shall be filed with the certificate of merger.

Amendments are attached

No Amendments

**IX. REQUIREMENTS OF CORPORATIONS MERGING OUT OF EXISTENCE**

If a domestic corporation or foreign corporation licensed to transact business in Ohio is a constituent entity and the surviving entity is not a domestic corporation or foreign corporation to be licensed in Ohio, the certificate of merger must be accompanied by the affidavits, receipts, certificates, or other evidence required by division (H) of section 1701.86 division (G) of section 1702.47 of the Revised Code with respect to each domestic constituent corporation, and/or by the affidavits, receipts, certificates, or other evidence required by division (C) or (D) of section 1703.17 of the Revised Code with respect to each foreign constituent corporation licensed to transact business in Ohio.

**X. QUALIFICATION OR LICENSE OF FOREIGN SURVIVING ENTITY**

A surviving foreign entity that wishes to qualify in Ohio as part of the merger must file an additional form, as listed below, but no additional filing fee is required.

Foreign Qualifying Corporation - Form 530A or B and Certificate of Good Standing

Foreign Notice (if qualifying entity is a foreign bank, savings bank, or savings and loan association) - Form 552

Foreign Qualifying Limited Liability Company - Form 533B

Foreign Qualifying Limited Partnership - Form 531B

Foreign Qualifying Limited Liability Partnership - Form 537 and Evidence of Existence in Jurisdiction of Formation

The undersigned constituent entities (constituent entities include all merging and surviving entities) have caused this certificate of merger to be signed by their duly authorized officers, partners and representatives.

Society of Cardiovascular Patient Care  
Name of entity

By: [Signature]  
Signature

Its: President  
Title

[Blank]  
Name of entity

By: [Blank]  
Signature

Its: [Blank]  
Title

[Blank]  
Name of entity

By: [Blank]  
Signature

Its: [Blank]  
Title

An authorized representative of each constituent corporation, partnership, or entity must sign the merger certificate (ORC 1701.81(A), 1702.43 (A), 1705.38(A), 1776.70(A), 1782.433(A)). This includes all merging and surviving entities.



The undersigned constituent entities (constituent entities include all merging and surviving entities) have caused this certificate of merger to be signed by their duly authorized officers, partners and representatives.

AMERICAN COLLEGE OF CARDIOLOGY FOUNDATION

Name of entity

By: *Kim A. Williams, MD*  
Signature

Its: PRESIDENT  
Title

Name of entity

By:   
Signature

Its:   
Title

Name of entity

By:   
Signature

Its:   
Title

An authorized representative of each constituent corporation, partnership, or entity must sign the merger certificate (ORC 1701.81(A), 1702.43 (A), 1705.38(A), 1776.70(A), 1782.433(A)). this includes all merging and surviving entities.