

## TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1  
Stylesheet Version v1.2

ETAS ID: TM477398

<b>SUBMISSION TYPE:</b>	NEW ASSIGNMENT		
<b>NATURE OF CONVEYANCE:</b>	CHANGE OF NAME		
<b>CONVEYING PARTY DATA</b>			
<b>Name</b>	<b>Formerly</b>	<b>Execution Date</b>	<b>Entity Type</b>
Pentair Technical Products, Inc.		05/01/2018	Corporation: RHODE ISLAND
<b>RECEIVING PARTY DATA</b>			
<b>Name:</b>	Schroff, Inc.		
<b>Street Address:</b>	5500 Wayzata Blvd.		
<b>Internal Address:</b>	Suite 800		
<b>City:</b>	Golden Valley		
<b>State/Country:</b>	MINNESOTA		
<b>Postal Code:</b>	55416		
<b>Entity Type:</b>	Corporation: RHODE ISLAND		
<b>PROPERTY NUMBERS Total: 2</b>			
<b>Property Type</b>	<b>Number</b>	<b>Word Mark</b>	
<b>Registration Number:</b>	3586955	PIGEON POINT	
<b>Registration Number:</b>	3436047	PIGEON POINT	
<b>CORRESPONDENCE DATA</b>			
<b>Fax Number:</b>	4149788675		
<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>			
<b>Phone:</b>	414 277 5675		
<b>Email:</b>	marta.levine@quarles.com		
<b>Correspondent Name:</b>	Marta S. Levine		
<b>Address Line 1:</b>	411 East Wisconsin Avenue		
<b>Address Line 2:</b>	Quarles & Brady LLP		
<b>Address Line 4:</b>	Milwaukee, WISCONSIN 53202		
<b>ATTORNEY DOCKET NUMBER:</b>	740076.00086		
<b>NAME OF SUBMITTER:</b>	Marta S. Levine		
<b>SIGNATURE:</b>	/MartaLevine/		
<b>DATE SIGNED:</b>	06/09/2018		
<b>Total Attachments: 3</b>			
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State of Rhode Island and Providence Plantations  
Department of State - Business Services Division

RECEIVED  
SECRETARY OF STATE  
CORPORATIONS DIV.  
2018 MAY -1 PM 12:05

**Articles of Amendment**  
DOMESTIC Business Corporation

→ Filing Fee: \$50.00 (\$210 for an increase in authorized shares)

Pursuant to the provisions of RIGL 7-1.2-905, the undersigned corporation adopts the following Articles of Amendment to its Articles of Incorporation:

1. Entity ID Number: <b>000009211</b>		2. The name of the corporation is: <b>Pentair Technical Products, Inc.</b>	
3. The shareholders of the corporation (or, where no shares have been issued by the board of directors of the corporation) in the manner prescribed by RIGL 7-1.2 adopted the following amendment(s) to the Articles of Incorporation on: <b>May 1, 2018</b>			
4. If the entity's name is changing, state the new name: <b>Schroff, Inc.</b> <p style="text-align: right;">Check the box to indicate no change <input type="checkbox"/></p>			
5. If the total authorized shares are changing complete the following section: <i>*List ALL authorized shares as of this amendment.</i>			
<i>Total Authorized Shares (Number of Shares)</i>	<i>Class of Stock</i>	<i>Par Value Per Share</i>	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
Check the box to indicate no change <input checked="" type="checkbox"/>			
6. If the period of its duration is changing complete the following section: <b>CHECK ONE BOX ONLY</b>			
<input type="checkbox"/> Perpetual (on-going)			
<input type="checkbox"/> Date certain for dissolution _____			
Check the box to indicate no change <input checked="" type="checkbox"/>			
7. If the entity's purpose is changing complete the following section: <i>*The new purpose should include ALL activity to be transacted in the State of Rhode Island</i>			
Check the box to indicate an attachment <input type="checkbox"/>			
Check the box to indicate no change <input checked="" type="checkbox"/>			

MAIL TO:  
Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: www.sos.ri.gov

**FILED**  
MAY 01 2018  
BY 329731  
A.A. 12:05p.m.

8. If adding or amending additional provisions, complete the following section.

Check the box to indicate an attachment  Check the box to indicate no change

9. As required by RIGL 7-1.2-105, the corporation has paid all fees and taxes.

10. Date when these Articles of Amendment will be effective: CHECK ONE BOX ONLY

Date received (Upon filing)

Later effective date (Date must be no more than 90 days from the date of filing) \_\_\_\_\_

*Under penalty of perjury, I declare and affirm that I have examined these Articles of Amendment, including any accompanying attachments, and that all statements contained herein are true and correct.*

Type or Print Name of Authorized Officer of the Corporation	Date
Shawna Anderson	May 1, 2018

Signature of Authorized Officer of the Corporation

*Shawna Anderson*

If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email corporations@sos.ri.gov.

FORM 101 - Revised: 11/2017

**TRADEMARK**  
**REEL: 006350 FRAME: 0238**



State of Rhode Island and Providence Plantations  
Department of State | Office of the Secretary of State  
Nellie M. Gorbea, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island  
and Providence Plantations, hereby certify that this document, duly executed in  
accordance with the provisions of Title 7 of the General Laws of Rhode Island, as  
amended, has been filed in this office on this day:

May 01, 2018 12:05 PM

A handwritten signature in black ink, appearing to read "Nellie M. Gorbea".

Nellie M. Gorbea  
*Secretary of State*

