# CH \$65.00 321038

# TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1 Stylesheet Version v1.2 ETAS ID: TM477457

| SUBMISSION TYPE:      | NEW ASSIGNMENT    |
|-----------------------|-------------------|
| NATURE OF CONVEYANCE: | ENTITY CONVERSION |

# **CONVEYING PARTY DATA**

| Name                | Formerly | Execution Date | Entity Type       |
|---------------------|----------|----------------|-------------------|
| DACCO, Incorporated |          | 12/30/2017     | Corporation: OHIO |

# **RECEIVING PARTY DATA**

| Name:           | DACCO LLC                        |
|-----------------|----------------------------------|
| Street Address: | 50 West Broad Street, Suite 1800 |
| City:           | Columbus                         |
| State/Country:  | OHIO                             |
| Postal Code:    | 43215                            |
| Entity Type:    | Limited Liability Company: OHIO  |

# **PROPERTY NUMBERS Total: 2**

| Property Type        | Number  | Word Mark        |
|----------------------|---------|------------------|
| Registration Number: | 3210382 | PERFORMANCE PLUS |
| Registration Number: | 1763304 | DACCO            |

# **CORRESPONDENCE DATA**

**Fax Number:** 2166214072

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:** 216-621-2234

Email: gpinchak@tarolli.com
Correspondent Name: George L. Pinchak

Address Line 1: 1300 East 9th Street, Suite 1700

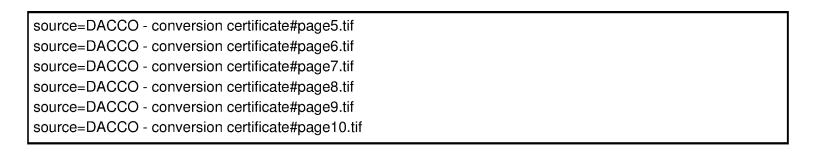
Address Line 2: Tarolli, Sundheim, Covell & Tummino LLP

Address Line 4: Cleveland, OHIO 44114-1501

| NAME OF SUBMITTER: | Joseph Levanduski   |
|--------------------|---------------------|
| SIGNATURE:         | /Joseph Levanduski/ |
| DATE SIGNED:       | 06/11/2018          |

# **Total Attachments: 10**

source=DACCO - conversion certificate#page1.tif source=DACCO - conversion certificate#page2.tif source=DACCO - conversion certificate#page3.tif source=DACCO - conversion certificate#page4.tif





DATE 12/21/2017 DOCUMENT ID 201735500794

DESCRIPTION
Conversion Within SOS Records (CVS)

FILING 99.00 EXPED 200.00

CERT C

COPY 0.00

# Receipt

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

VORYS, SATER, SEYMOUR AND PEASE LLP ATTN: TED B. HIPSHER 52 EAST GAY STREET COLUMBUS, OH 43215

# STATE OF OHIO CERTIFICATE

# Ohio Secretary of State, Jon Husted 346044

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

# **DACCO LLC**

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

Document(s)

Document No(s):

**Conversion Within SOS Records** 

Effective Date: 12/30/2017

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

201735500794



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 21st day of December, A.D. 2017.

**Ohio Secretary of State** 

Jon Huster



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 busserv@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 43216

Expedite Filing (Two business day processing time. Regulres an additional \$100.00)

P.O. Box 1390 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) I | BOX) |
|-----------------------|------|
|-----------------------|------|

| (1) Converting Within The Records of the Ohio Secretary of State  | (2) Converting Off The Records of the Ohio Secretary of State  (187-VXX)  |
|---|---|
| Name of the converting entity  DACCO, In  Jurisdiction of Formation  Charter/Registration Number  346044  | ncorporated   |
| The converting entity is a:  (Check Only (1) One Box)  Domestic Corporation (For-Profit or Nonprofit)  Foreign Corporation (For-Profit or Nonprofit)  Domestic Nonprofit Limited Liability Company  Foreign Nonprofit Limited Liability Company | Partnership Domestic Limited Partnership Foreign Limited Partnership Domestic Limited Liability Partnership Foreign Limited Liability Partnership |
| Foreign For-Profit Limited Liability Company  The converting entity hereby states that it has complied with all and that those laws permit the conversion.  | I laws in the jurisdiction under which it exists  |

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Form 700 OH091 - 9/29/2015 Wolters Kluwer Online TRADEMARK

**REEL: 006350 FRAME: 0630** 

| Name of the converted entity   | DACCO   | ) LLC                                 |                                       |          |
|--|---|---------------------------------------|---------------------------------------|----------|
| Jurisdiction of Formation  | Ohio  |                                       |                                       |          |
| The converted entity is a:<br>(Check Only (1) One Box)   |   |                                       |                                       |          |
| Domestic Corporation (For-Pro  | ofit)   | Partnership                           |                                       |          |
| Foreign Corporation (For-Prof  | •   | Domestic Lim                          | nited Partnership                     |          |
| ☐Domestic Nonprofit Limited Lia  | ability Company   | Foreign Limit                         | ed Partnership                        |          |
| Foreign Nonprofit Limited Liab   |   | ☐Domestic Lim                         | nited Liability Parti                 | nership  |
| ☑ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐  |   | —<br>∏Foreign Limit                   | ed Liability Partne                   | ership   |
| ☐Foreign For-Profit Limited Liak   |   |                                       | ·<br>                                 |          |
| Effective Date (Optional) 12/30/2017  [For accounting purp Name and address of the person o request.                           | (The conversion is effect specified in the certifical coses the conversion shall be a rentity that will provide a conversion shall be a conversion. | te) effective at 11:59 p.i            | m. on 12/30/2017]                     |          |
| Paul Hido  | - <del> </del>  |                                       |                                       |          |
| Name   |   | <u> </u>                              |                                       |          |
| 7350 Young Drive   |   |                                       | · · · · · · · · · · · · · · · · · · · |          |
| Mailing Address  |   |                                       |                                       |          |
| Walton Hills<br>City   |   |                                       | Ohio<br>State                         | Zip Code |
| Required information that must a   | accompany conversion c  | ertificate if box 2                   | is checked                            |          |
| If the converting entity is a domestic address of the statutory agent upor   |   |                                       |                                       | name and |
| Name of Statutory Agent  |   |                                       |                                       |          |
| Mailing Address  |   |                                       | Ohio                                  |          |
| City   |   | · · · · · · · · · · · · · · · · · · · | State                                 | Zip Code |
| See instructions for additional fil<br>(1) the conversion creates<br>(2) the converted entity is<br>(3) if a domestic corporat | s a new domestic entity,<br>a a foreign entity that des   |                                       |                                       |          |

Form 700

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TRADEMARK

OH091 - 9/29/2015 Wolters Kluwer Online REEL: 006350 FRAME: 0631

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       | Jm                   | - 1 |
| authorized representative. | Signature            |     |
|                            |                      |     |
|                            |                      |     |
|                            | By (if applicable)   |     |
|                            | Ben DePompei         |     |
|                            | Print Name President |     |
|                            |                      |     |
|                            |                      |     |
|                            |                      |     |
| •                          | Signature            |     |
|                            |                      |     |
|                            | By (if applicable)   |     |
|                            |                      |     |
|                            | Print Name           |     |
|                            |                      |     |
|                            |                      |     |
|                            | Signature            |     |
|                            |                      |     |
|                            | By (if applicable)   |     |
|                            |                      |     |
|                            | Print Name           |     |

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# Complete the information in this section.

Form 700

# **AFFIDAVIT**

| In lieu of dissolution releases f   | rom various governmental authorities   | 5.<br>   |
|---|--|--|
| DACC  | O, Incorporated  |  |
|   | of Corporation   | _  |
| The undersigned, being first duly sworn, declares that on the agencies was advised IN WRITING of the scheduled date of acknowledgement by the corporation of the applicability of the   | f filing of the Certificate and was advi   | sed IN WRITING of the                            |
| Agency Date Notified  | Agency   | Date Notified                                    |
| Ohio Bureau of Workers' Compensation 30 W. Spring Street Columbus, Ohio 43215   | Ohio Job & Family Services Status and Liability Section Data Correspondence Control Fax: 614-752-4811 Phone: 614-466-2319  | 12/20/2017                                       |
| *Only required for domestic for-profit corporations   | P.O. Box 182413 P.O.   | gular:<br>), Box 182413<br>lumbus, OH 43218-2413 |
| Agency Date Notified  |  |  |
| 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] | The corporation is not req ⊠ department of taxation ha personal property tax.  | uired to pay or the<br>s not assessed any        |
| *Note: Domestic for-profit corporations must submit with this filin  Note: This affidavit must be signed by one or more persons   |  |  |
| Signature Sym   | Title President  |  |
| Ben DePompei  |  |  |
| Name  |  |  |
| 7350 Young Drive  |  |  |
| Mailing Address   | The second secon | , , , , , , , , , , , , , , , , , , ,            |
|   |  |  |
| Walton Hills  | <u>                                   </u>   | 1146<br>p Code                                   |
| City  | Sidle 21   | ρ Code   |
| Sworn to and subscribed in my presence on 12/20/2017  |  |  |
| Date  |  |  |
| Date  | Commissio  |  |

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Last Revised: 9/24/2015

**REEL: 006350 FRAME: 0633** 

# AFFIDAVIT OF PERSONAL PROPERTY

| Ben DePompei   Name of Officer   Of   DACCO, Incorporated   Name of Officer   Name of Corporation  |
|--|
| President Title of Officer  of DACCO, Incorporated 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) |
| President  Title of Officer  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 (les)   |
| 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)                                  |
| 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)   |
| 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)  |
| ☐ 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)   |
| is the type required to pay personal property taxes to state authorities only  Has personal property in the following county (ies)   |
| Cuyahoga County  |
|  |
| Signature:  Ben Dorompei  Sworn to and subscribed in my presence on Date 12/20/2017  SHARON MILCINOVIC  NOTARY PUBLIC  Title: President  President  Autor Mularura   |
| STATE OF OHIO  My Commission Expires July 11, 2021  Expiration date of Notary Public's Commission  Date  7.//-2021   |

Form 700

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Last Revised: 9/24/2015



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

# հրահոլլգրկը[իլիդորելելի]իքո/Ա<u>կքելի</u>]իքի

TED 8 HIPSHER VORYS SATER SEYMOUR AND PEASE LLP 52 EAST GAY ST COLUMBUS, OH 43215 USA

December 05, 2017 Contact ID: 8352516571

RE: Certificate of Tax Clearance Entity Name: Dacco, Incorporated Ohio Charter # 346044

Certificate Issue Date: 12/05/2017

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 exemination 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: 1-888-405-4039 Fax: 1-206-984-0378 TTY/TDD: 1-800-760-0750

**TRAT0001** 

1 of 1



Form 533A Prescribed by:

# Jon Husted Ohio Secretary of State

Toli Free: (877) SOS-FILE (877-767-3453) Central Ohio: (614) 466-3910

www.OhioSecrelaryofState.gov busserv@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 \$100.00)

P.O. Box 1390 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 Domes<br>For-Profit Limited Liability Compar<br>(115-LCA) |   |
|--|---|
| Name of Limited Liability Company  Name must include one of the fol                          | DACCO LLC owing words or abbreviations: "limited liability company," "limited," "LLC," "L.L.C.," "ltd., "or "Itd"   |
| (Optional) of  | he legal existence of the limited liability company begins upon the filing the articles or on a later date specified that is not more than ninety days er filing)   |
| This limited liability company shall exist for (Optional)                                    | perpetual Period of Existence   |
| Purpose (Optional)   |   |
|  |   |
| **Note for Nonprofit LLCs  |   |
| The Secretary of State does not grant tax exemptions. Contact the Ohio Department            | xempt status. Filing with our office is not sufficient to obtain state or federal tax<br>of Taxation and the Internal Revenue Service to ensure that the nonprofit<br>state and federal tax exemptions. These agencies may require that a purpose |

Page 1 of 3

| ·· _ ·· _ ·· _ ·· _ ·· _ ·· _   | DACC  | COLLC                              |  |                                     |
|---|---|------------------------------------|--|-------------------------------------|
|   | Name of Limited   | l Liability Compa                  | any                                    |                                     |
| hereby appoint the foll<br>or permitted by statute<br>address of the agent is | lowing to be Statutory Agent up<br>to be served upon the limited<br>s | pon whom any p<br>liability compan | orocess, notice on<br>ny may be served | r demand required<br>. The name and |
| CSC-Lawyers Incorporating   | g Service   |                                    |  |                                     |
| Name of Agent   |   |                                    |  |                                     |
| 50 West Broad Street, Suite   | 1800  |                                    |  |                                     |
| Mailing Address   |   |                                    |  |                                     |
| Columbus  | - /- /- /- /- /- /- /- /- /- /- /- /- /-                              |                                    | Ohio                                   | 43215                               |
| City  |   | <del></del>                        | State                                  | ZIP Code                            |
| undersigned,  | CSC-Lawyers Incorpor  | orating Service                    |  | nerein as the statutory a           |
| for   | DACCO LLC Name of Limited Liability                                   | Company                            |  |                                     |

Page 2 of 3

Form 533A OH067 - 9/25/2015 Wolters Kluwer Online Last Revised: 9/24/2015

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.

| Sm                                   |
|--------------------------------------|
| Signature                            |
|                                      |
|                                      |
| By (if applicable)                   |
| Ben DePompei                         |
| Print Name Authorized Representative |
|                                      |
|                                      |
|                                      |
| Signatura                            |
| Signature                            |
|                                      |
| D. (if analisable)                   |
| By (if applicable)                   |
|                                      |
|                                      |
| Print Name                           |
|                                      |
|                                      |
|                                      |
| Signature                            |
| _                                    |
|                                      |
| By (if applicable)                   |
|                                      |
| Print Name                           |

Page 3 of 3 Form 533A TRADEMARRevised: 9/24/2015 **REEL: 006350 FRAME: 0638 RECORDED: 06/11/2018**