

## TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1  
Stylesheet Version v1.2

ETAS ID: TM477444

<b>SUBMISSION TYPE:</b>	NEW ASSIGNMENT		
<b>NATURE OF CONVEYANCE:</b>	ENTITY CONVERSION		
<b>CONVEYING PARTY DATA</b>			
<b>Name</b>	<b>Formerly</b>	<b>Execution Date</b>	<b>Entity Type</b>
Transtar Industries, Inc.		12/30/2017	Corporation: OHIO
<b>RECEIVING PARTY DATA</b>			
<b>Name:</b>	Transtar Industries LLC		
<b>Street Address:</b>	50 West Broad Street, Suite 1800		
<b>City:</b>	Columbus		
<b>State/Country:</b>	OHIO		
<b>Postal Code:</b>	43215		
<b>Entity Type:</b>	Limited Liability Company: OHIO		
<b>PROPERTY NUMBERS Total: 7</b>			
<b>Property Type</b>	<b>Number</b>	<b>Word Mark</b>	
<b>Registration Number:</b>	2878683	ENGINE WORKS	
<b>Registration Number:</b>	4888062	TRANSTAR	
<b>Registration Number:</b>	2800078	ENGINE WORKS	
<b>Registration Number:</b>	2800046	ENGINE WORKS	
<b>Registration Number:</b>	2410617	NICKELS	
<b>Registration Number:</b>	2790997	NICKELS PERFORMANCE	
<b>Registration Number:</b>	1878571	TRANSTAR	
<b>CORRESPONDENCE DATA</b>			
<b>Fax Number:</b>	2166214072		
<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>	216-621-2234		
<b>Email:</b>	gpinchak@tarolli.com		
<b>Correspondent Name:</b>	George L. Pinchak		
<b>Address Line 1:</b>	1300 East 9th Street, Suite 1700		
<b>Address Line 2:</b>	Tarolli, Sundheim, Covell & Tummino LLP		
<b>Address Line 4:</b>	Cleveland, OHIO 44114-1501		
<b>NAME OF SUBMITTER:</b>	Joseph Levanduski		
<b>SIGNATURE:</b>	/Joseph Levanduski/		
<b>DATE SIGNED:</b>	06/11/2018		

CH \$190.00 2878683

**Total Attachments: 10**

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DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	CERT	COPY
12/21/2017	201735500764	Conversion Within SOS Records (CVS)	99.00	200.00	0.00	0.00

**Receipt**

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

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

**STATE OF OHIO**  
**CERTIFICATE**

**Ohio Secretary of State, Jon Husted**  
**464950**

It is hereby certified that the Secretary of State of Ohio has custody of the business records for  
**TRANSTAR INDUSTRIES LLC**

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

Document(s)	Document No(s):
<b>Conversion Within SOS Records</b>	<b>201735500764</b>
Effective Date: 12/30/2017	
CHANGE BUSINESS TYPE DOM. PROFIT LIM. LIAB. CO.	



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.

*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](http://www.OhioSecretaryofState.gov)

[busserv@OhioSecretaryofState.gov](mailto:busserv@OhioSecretaryofState.gov)

File online or for more information: [www.OHBusinessCentral.com](http://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.  
Requires 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) 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

**Transtar Industries, Inc.**

Jurisdiction of Formation

Ohio

Charter/Registration Number

464950

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
- Domestic For-Profit Limited Liability Company
- Foreign For-Profit Limited Liability Company

- Partnership
- Domestic Limited Partnership
- Foreign Limited Partnership
- Domestic Limited Liability Partnership
- Foreign Limited Liability Partnership

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.

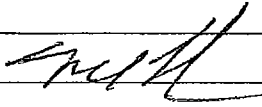
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IN WITNESS WHEREOF, the conversion is authorized on behalf of the converting entity and that each person signing the certificate of conversion is authorized to do so.

**Required**

Must be signed by an authorized representative.

  
Signature

By (if applicable)

Neil Sethi  
Print Name President

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.

Transtar Industries, Inc.

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	<div style="border: 1px solid black; padding: 2px; display: inline-block;">12/20/2017</div>	Ohio Job & Family Services Status and Liability Section Data Correspondence Control Fax: 614-752-4811 Phone: 614-466-2319 Overnight: P.O. Box 182413 Columbus, OH 43218-2413	<div style="border: 1px solid black; padding: 2px; display: inline-block;">12/20/2017</div>  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]	<div style="border: 1px solid black; padding: 2px; display: inline-block;">11/28/2017</div>	<input checked="" 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  Title President

Neil Sethi

Name

7350 Young Drive

Mailing Address

Walton Hills

City

Ohio

State

44146

Zip Code

Sworn to and subscribed in my presence on 12/20/2017  
Date

Seal   
Notary Public

Commission Expires 7-11-2021  
Date









Form 533A 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 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 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 Transtar Industries LLC

Name must include one of the following words or abbreviations: "limited liability company," "limited," "LLC," "L.L.C.," "Ltd.," or "Ltd"

Effective Date (Optional) 12/30/2017 (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)  
 mm/dd/yyyy

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

Purpose (Optional)

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**\*\*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

**Transtar Industries 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

CSC-Lawyers Incorporating Service

Name of Agent

50 West Broad Street, Suite 1800

Mailing Address

Columbus

City

Ohio

State

43215

ZIP Code

## ACCEPTANCE OF APPOINTMENT

The undersigned, **CSC-Lawyers Incorporating Service** named herein as the statutory agent

Statutory Agent Name

for

**Transtar Industries LLC**

Name of Limited Liability Company

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

Statutory Agent Signature

*Holly Jones*

**Holly Jones**  
**Assistant Vice President**

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

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.



Signature

By (if applicable)

Neil Sethi

Print Name Authorized Representative

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name