

**TRADEMARK ASSIGNMENT COVER SHEET**

Electronic Version v1.1  
 Stylesheet Version v1.2

ETAS ID: TM491497

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	ENTITY CONVERSION
SEQUENCE:	2

CONVEYING PARTY DATA

Name	Formerly	Execution Date	Entity Type
United Performance Metals, Inc.		<del>12/31/2017</del> 3/31/2018	Corporation: OHIO

RECEIVING PARTY DATA

Name:	United Performance Metals, LLC
Street Address:	3475 Symmes Road
City:	Hamilton
State/Country:	OHIO
Postal Code:	45015
Entity Type:	Limited Liability Company: OHIO

PROPERTY NUMBERS Total: 3

Property Type	Number	Word Mark
Registration Number:	3789825	VULCANIUM
Registration Number:	3833837	VMI616
Registration Number:	3594722	FIRSTCUT+

CORRESPONDENCE DATA

Fax Number: 7044441111  
*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: 704-444-1124  
 Email: elaine.hunt@alston.com  
 Correspondent Name: Michele M. Glessner  
 Address Line 1: Alston & Bird LLP  
 Address Line 2: 101 South Tryon Street, Suite 4000  
 Address Line 4: Charlotte, NORTH CAROLINA 28280-4000

NAME OF SUBMITTER:	Elaine B. Hunt
SIGNATURE:	/Elaine B. Hunt/
DATE SIGNED:	09/26/2018

Total Attachments: 10  
 source=vulcanium conversion to united performance llc#page1.tif

CH \$90.00 3789825

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source=vulcanium conversion to united performance llc#page5.tif  
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source=vulcanium conversion to united performance llc#page10.tif



DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	CERT	COPY
04/03/2018	201809300904	Conversion Within SOS Records (CVS)	99.00	100.00	0.00	0.00

**Receipt**

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

CORPORATION SERVICE COMPANY  
DEANNE E. SCHAUSEIL  
50 W. BROAD STREET, SUITE 1330  
COLUMBUS, OH 43215

**STATE OF OHIO  
CERTIFICATE**

**Ohio Secretary of State, Jon Husted  
603703**

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

**UNITED PERFORMANCE METALS, LLC**

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

Document(s)

**Conversion Within SOS Records**

Effective Date: 03/31/2018

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

Document No(s):

**201809300904**



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  
3rd day of April, A.D. 2018.

**Ohio Secretary of State**

**TRADEMARK**

**REEL: 006447 FRAME: 0356**

Form 700 Prescribed by:

**JON HUSTED**  
Ohio Secretary of State



Toll Free: (877) SOS-FILE (877-767-3453)  
Central Ohio: (614) 488-3910  
www.OhioSecretaryofState.gov  
bussew@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.  
Require an additional \$100.00)  
P.O. Box 1390  
Columbus, OH 43216

For screen readers, follow instructions located at this path.

## 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

Jurisdiction of Formation

Charter/Registration Number

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

- |  |   |
|--|---|
| <input type="checkbox"/> Domestic Nonprofit Corporation                | <input type="checkbox"/> Partnership                            |
| <input checked="" type="checkbox"/> Domestic For-Profit Corporation    | <input type="checkbox"/> Domestic Limited Partnership           |
| <input type="checkbox"/> Foreign Nonprofit Corporation                 | <input type="checkbox"/> Foreign Limited Partnership            |
| <input type="checkbox"/> Foreign For-Profit Corporation                | <input type="checkbox"/> Domestic Limited Liability Partnership |
| <input type="checkbox"/> Domestic Nonprofit Limited Liability Company  | <input type="checkbox"/> Foreign Limited Liability Partnership  |
| <input type="checkbox"/> Foreign Nonprofit Limited Liability Company   |   |
| <input type="checkbox"/> Domestic For-Profit Limited Liability Company |   |
| <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.

2018 SEP 30 PM 3:28  
CLERK OF COMMONS

Name of the converted entity

Jurisdiction of Formation

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

Domestic For-Profit Corporation

Domestic Professional Association

Foreign Nonprofit Corporation

Foreign For-Profit Corporation

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

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.

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  
Must be signed by an  
authorized representative.

  
Signature

By (if applicable)

  
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.

United Performance Metals, 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.

<p><b>Agency</b> Ohio Bureau of Workers' Compensation 30 W. Spring Street Columbus, Ohio 43215</p> <p style="text-align: right;"><b>Date Notified</b> (MM/DD/YYYY) <u>03/27/2018</u></p> <p><small>* Only required for domestic for-profit corporations</small></p>	<p><b>Agency</b> Ohio Job &amp; Family Services Status and Liability Section Data Correspondence Control Fax: 614-752-4811 Phone: 614-466-2319</p> <p style="text-align: right;"><b>Date Notified</b> (MM/DD/YYYY) <u>03/27/2018</u></p> <p><b>Overnight Address:</b> P.O. Box 182413 Columbus, OH 43218-2413</p> <p><b>Regular Address:</b> P.O. Box 182413 Columbus, OH 43218-2413</p>
<p><b>Agency</b> Ohio Department of Taxation Taxpayer Services/Tax Release Unit P.O. Box 182382 Columbus, OH -43218-2382 Dissolution@tax.state.oh.us</p> <p style="text-align: right;"><b>Date Notified</b> (MM/DD/YYYY) <u>03/27/2018</u></p> <p><small>* Complete this date notified field only if the corporation is a domestic non-profit corporation or foreign corporation. * Note: Domestic for-profit corporations must submit with this filing a Certificate of Tax Clearance issued by the Ohio Department of Taxation.</small></p>	<p><input type="checkbox"/> The corporation is not required to pay or the department of taxation has not assessed any personal property tax.</p>

**Note:** This affidavit must be signed by one or more persons executing the certificate or by an officer of the corporation.

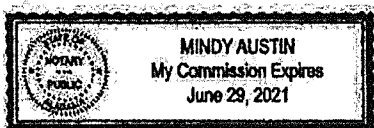
Signature: X Michael A. Rowland Title: EVP

Name: Michael A. Rowland

Mailing Address: 2311 Highland Avenue South, Suite 200

City: Birmingham State: Alabama ZIP Code: 35205

Seal Sworn to and subscribed in my presence on this date (MM/DD/YYYY) 03/28/2018



Mindy Austin  
Notary Public

Date Commission Expires (MM/DD/YYYY) 06/29/2021

**AFFIDAVIT OF PERSONAL PROPERTY**

State of Alabama

County of Jefferson

Michael A. Rowland  
Name of Officer

Executive Vice President  
Title of Officer

of United Performance Metals, Inc.  
Name of Corporation

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

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)

Butler  
County

                      
County

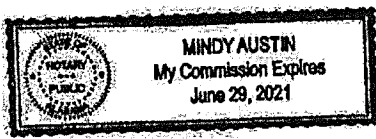
                      
County

Signature *M. Rowland*

Title EVP

Sworn to and subscribed in my presence on this date (MM/DD/YYYY) 03/28/2018

Seal



*Mindy Austin*  
Notary Public

Date Commission Expires (MM/DD/YYYY) 06/29/2021



Mar 29 2018 3:36PM HP Fax

page 1



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



RON TRAVIS  
3475 SYMMES RD  
HAMILTON, OH 45015  
USA

March 29, 2018  
Contact ID: 7687830577

RE: Certificate of Tax Clearance  
Entity Name: United Performance Metals, Inc.  
Ohio Charter # 00603703  
Certificate Issue Date: 03/29/2018

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: 1-855-995-4422  
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 (877-767-3453)  
Central Ohio: (614) 466-3910  
www.OhioSecretaryofState.gov  
bussarv@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 43218  
Expedite Filing (Two business day processing time,  
Requires an additional \$100.00)  
P.O. Box 1360  
Columbus, OH 43218

For screen readers, follow instructions located at this path:

## 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 **United Performance Metals, LLC**

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

Optional: Effective Date (MM/DD/YYYY) **03/31/2018**

(The legal existence of the corporation begins upon the  
filing of the articles or on a later date specified that is not  
more than ninety days after filing.)

Optional: This limited liability company shall exist for **Perpetual**  
Period of Existence

Optional: Purpose

Any purpose or purposes for which individuals lawfully may associate themselves.

**\*\* 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 Statutory Agent

The undersigned authorized member(s), manager(s) or representative(s) of

United Performance Metals, 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 corporation may be served. The complete address of the agent is:

Corporation Service Company

(Name of Statutory Agent)

50 West Broad Street, Suite 1330

(Mailing Address)

Columbus

(Mailing City)

OH

(Mailing State)

43215

(Mailing ZIP Code)

### Acceptance of Appointment

The Undersigned,

Corporation Service Company

(Name of Statutory Agent)

named herein as the

Statutory agent for

United Performance Metals, LLC

(Name of Limited Liability Company)

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

Statutory Agent Signature



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

Elizabeth A. Smith, Assistant Vice President

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 the authorized representative is an individual, then they must sign in the "signature" box and print his/her name in the "Print Name" box.

If the authorized representative is a business entity, not an individual, then please print the entity name in the "signature" box, an authorized representative of the business entity must sign in the "By" box and print his/her name and title/authority in the "Print Name" box.

*[Handwritten Signature]*  
Signature

By (if applicable)

Michael A. Rowland  
Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name