

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

ETAS ID: TM494822

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	MERGER		
EFFECTIVE DATE:	12/31/2016		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
Fyrewerks, Inc.		12/31/2016	Corporation: COLORADO
RECEIVING PARTY DATA			
Name:	Masonite Corporation		
Street Address:	201 N. Franklin Street, Suite 300		
City:	Tampa		
State/Country:	FLORIDA		
Postal Code:	33602		
Entity Type:	Corporation: DELAWARE		
PROPERTY NUMBERS Total: 1			
Property Type	Number	Word Mark	
Registration Number:	3383951	FYREWERKS	
CORRESPONDENCE DATA			
Fax Number:	3018690607		
<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>			
Phone:	2403304520		
Email:	uspto.filings@bw-iplaw.com		
Correspondent Name:	Joseph W. Berenato, III		
Address Line 1:	6550 Rock Spring Drive, Suite 240		
Address Line 4:	Bethesda, MARYLAND 20817		
NAME OF SUBMITTER:	Joseph W. Berenato, III		
SIGNATURE:	/jwb/		
DATE SIGNED:	10/22/2018		
Total Attachments: 4			
source=fyrewerks merger#page1.tif			
source=fyrewerks merger#page2.tif			
source=fyrewerks merger#page3.tif			
source=fyrewerks merger#page4.tif			

OP \$40.00 3383951

Document processing fee

If document is filed on paper

\$150.00

If document is filed electronically

Currently Not Available

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\$150.00

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SECRETARY OF STATE

To file electronically, access instructions for this form/cover sheet and other information or print copies of filed documents, visit www.sos.state.co.us and select Business.

12/01/2016 15:31:48

Paper documents must be typewritten or machine printed.

ABOVE SPACE FOR OFFICE USE ONLY

Statement of Merger

(Surviving Entity is a Foreign Entity)

filed pursuant to § 7-90-203.7 and § 7-90-204.5 of the Colorado Revised Statutes (C.R.S.)

- 1. For each merging entity, its ID number (if applicable), entity name or true name, form of entity, jurisdiction under the law of which it is formed, and principal address are

(Caution: At least one merging entity must be an entity formed under the laws of Colorado.)

Form fields for the first merging entity: ID Number (20041036638), Entity name (Fyrewerks, Inc.), Form of entity (Corporation), Jurisdiction (Colorado), Street address (12110 N. Tejon Street), City (Westminster), State (CO), ZIP/Postal Code (80234), Country (USA).

Form fields for the second merging entity: ID Number, Entity name, Form of entity.

Jurisdiction _____

Street address _____
(Street number and name)

_____ (City) _____ (State) _____ (ZIP/Postal Code)

_____ (Province - if applicable) _____ (Country)

Mailing address _____
(leave blank if same as street address) (Street number and name or Post Office Box information)

_____ (City) _____ (State) _____ (ZIP/Postal Code)

_____ (Province - if applicable) _____ (Country)

ID Number _____
(Colorado Secretary of State ID number)

Entity name or true name _____

Form of entity _____

Jurisdiction _____

Street address _____
(Street number and name)

_____ (City) _____ (State) _____ (ZIP/Postal Code)

_____ (Province - if applicable) _____ (Country)

Mailing address _____
(leave blank if same as street address) (Street number and name or Post Office Box information)

_____ (City) _____ (State) _____ (ZIP/Postal Code)

_____ (Province - if applicable) _____ (Country)

(If the following statement applies, adopt the statement by marking the box and include an attachment.)

There are more than three merging entities and the ID number (if applicable), entity name or true name, form of entity, jurisdiction under the law of which it is formed, and the principal address of each additional merging entity is stated in an attachment.

2. For the surviving entity which is a foreign entity, its entity ID number (if applicable), entity name or true name, form of entity, jurisdiction under the law of which it is formed, and principal address are

(Caution: The surviving entity cannot be an entity formed under the laws of Colorado.)

ID Number 19871047551
(Colorado Secretary of State ID number)

Entity name or true name Masonite Corporation

Form of entity Corporation

Jurisdiction Delaware

Street address 201 N. Franklin Street
(Street number and name)
Suite 300

Tampa FL 33802
(City) (State) (ZIP/Postal Code)
USA
(Province - if applicable) (Country)

Mailing address
(leave blank if same as street address) _____
(Street number and name or Post Office Box information)

(City) (State) (ZIP/Postal Code)

(Province - if applicable) (Country)

3. Each merging entity has been merged into the surviving foreign entity.

4. *(If the following statement applies, adopt the statement by marking the box and state the appropriate document number(s).)*

One or more of the merging entities is a registrant of a trademark described in a filed document in the records of the secretary of state and the document number of each filed document is

Document number _____

Document number _____

Document number _____

(If the following statement applies, adopt the statement by marking the box and include an attachment.)

There are more than three trademarks and the document number of each additional trademark is stated in an attachment.

5. *(Mark the applicable box and complete the statement. Caution: Mark only one box.)*

The surviving foreign entity maintains a registered agent in this state.

OR

The surviving foreign entity does not maintain a registered agent in this state and service of process may be addressed to the entity and mailed to the principal address pursuant to section 7-90-704 (2), C.R.S.

OR

The surviving foreign entity has not maintained a registered agent in this state and appoints a registered agent to accept service pursuant to section 7-90-204.5, C.R.S. The person appointed as registered agent has consented to being so appointed. Such registered agent's name and address are

Name
(if an individual) _____
(Last) (First) (Middle) (Suffix)

OR

(if an entity)

(Caution: Do not provide both an individual and an entity name.)

Street address

(Street number and name)

(City) CO (State) (ZIP Code)

Mailing address

(leave blank, if same as street address)

(Street number and name or Post Office Box information)

(City) CO (State) (ZIP Code)

6. (If applicable, adopt the following statement by marking the box and include an attachment.)

This document contains additional information as provided by law.

7. (Caution: Leave blank if the document does not have a delayed effective date. Stating a delayed effective date has significant legal consequences. Read instructions before entering a date.)

(If the following statement applies, adopt the statement by entering a date and, if applicable, time using the required format.)

The delayed effective date and, if applicable, time of this document are 12/31/2016 at 11:59 pm (mm/dd/yyyy hour:minute am/pm)

Notice:

Causing this document to be delivered to the Secretary of State for filing shall constitute the affirmation or acknowledgment of each individual causing such delivery, under penalties of perjury, that such document is such individual's act and deed, or that such individual in good faith believes such document is the act and deed of the person on whose behalf such individual is causing such document to be delivered for filing, taken in conformity with the requirements of part 3 of article 90 of title 7, C.R.S. and, if applicable, the constituent documents and the organic statutes, and that such individual in good faith believes the facts stated in such document are true and such document complies with the requirements of that Part, the constituent documents, and the organic statutes.

This perjury notice applies to each individual who causes this document to be delivered to the Secretary of State, whether or not such individual is identified in this document as one who has caused it to be delivered.

8. The true name and mailing address of the individual causing this document to be delivered for filing are

Mason Ranell M
(Last) (First) (Middle) (Suffix)
201 N. Franklin Street
Suite 300
Tampa FL 33602
(City) (State) (ZIP/Postal Code)
USA
(Province - if applicable) (Country)

(If applicable, adopt the following statement by marking the box and include an attachment.)

This document contains the true name and mailing address of one or more additional individuals causing the document to be delivered for filing.