

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

ETAS ID: TM493360

| | | | |
|---|-------------------------------------|-----------------------|---|
| SUBMISSION TYPE: | RESUBMISSION | | |
| NATURE OF CONVEYANCE: | Declaration | | |
| RESUBMIT DOCUMENT ID: | 900461099 | | |
| CONVEYING PARTY DATA | | | |
| Name | Formerly | Execution Date | Entity Type |
| Apps Associates | | 08/02/2018 | Limited Liability Company: MASSACHUSETTS |
| RECEIVING PARTY DATA | | | |
| Name: | Apps Associates LLC | | |
| Street Address: | 40 Nagog Park | | |
| Internal Address: | #105 | | |
| City: | Acton | | |
| State/Country: | MASSACHUSETTS | | |
| Postal Code: | 01720 | | |
| Entity Type: | Limited Liability Company: DELAWARE | | |
| PROPERTY NUMBERS Total: 1 | | | |
| Property Type | Number | Word Mark | |
| Registration Number: | 4192850 | SHIPCONSOLE | |
| CORRESPONDENCE DATA | | | |
| Fax Number: | 6175076585 | | |
| <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: | 617-504-0436 | | |
| Email: | heidi@heidischiller.com | | |
| Correspondent Name: | Heidi A. Schiller | | |
| Address Line 1: | 197 Elm Street | | |
| Address Line 2: | Suite 1730 | | |
| Address Line 4: | Northampton, MASSACHUSETTS 01060 | | |
| ATTORNEY DOCKET NUMBER: | APPS-1 | | |
| NAME OF SUBMITTER: | Heidi A. Schiller | | |
| SIGNATURE: | /Heidi A. Schiller/ | | |
| DATE SIGNED: | 10/10/2018 | | |
| Total Attachments: 7 | | | |
| source=A. King Declaration - signed#page1.tif | | | |

source=Apps Associates 2012 annual filing#page1.tif
source=Apps Associates 2012 annual filing#page2.tif
source=Apps Associates 2012 annual filing#page3.tif
source=apps associates 2017 annual report#page1.tif
source=apps associates 2017 annual report#page2.tif
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apps associates
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Apps Associates LLC
45 Noyes Park #105
Acton, MA 01721
Ph: 978-318-0230
Fax: 978-344-8049
www.appsassociates.com

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Registrant: Apps Associates LLC
Marks: SHIPCONSOLE
Reg. No.: 4,192,850
Docket No.: AA-1

DECLARATION OF ADRIAN KING

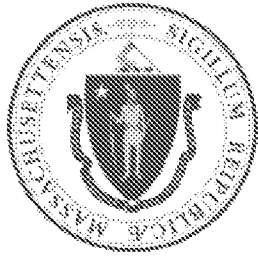
Adrian King declares as follows:

1. I am the Chief Financial Officer of the Registrant of the above-identified trademark registration.
2. Registrant was organized as a limited liability company in the state of Delaware on September 1 2002 under the name Apps Associates LLC. Registrant has always been and continues to be a Delaware limited liability company know as Apps Associates LLC.
3. Registrant's application for registration for the instant trademark erroneously noted the name of the company as simply Apps Associates. That application also erroneously noted the company as being organized as a Massachusetts limited liability corporation.
4. Attached hereto are printouts from the 2012 and 2017 annual report filings made with the Massachusetts Secretary of State's office noting that the correct company's name is Apps Associates LLC and that the company is organized as a Delaware limited liability company.

The undersigned, being hereby warned that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. §1001, and that such willful false statement may jeopardize the validity of this document, declares that he is properly authorized to execute this document on behalf of the owner, and all statements made of his own knowledge are true and that all statements made on information and belief are believed to be true.

8/2/2018
Date


Adrian King



**The Commonwealth of Massachusetts
William Francis Galvin**

Minimum Fee: \$500.00

Secretary of the Commonwealth, Corporations Division
One Ashburton Place, 17th floor
Boston, MA 02108-1512
Telephone: (617) 727-9640

Annual Report

(General Laws, Chapter)

Federal Employer Identification Number: 542076463 (must be 9 digits)

Annual Report Filing Year: 2012

1.a. Exact name of the limited liability company: APPS ASSOCIATES LLC

1.b. If different, the name under which it does business in the Commonwealth:

2. The Limited Liability Company is organized under the laws of: State: DE Country: USA
The date of its organization is: 09/01/2002

3. The general character of business, and if the limited liability company is organized to render professional service, the service to be rendered:
IT SERVICES

4. Location of its principal office:

No. and Street: 40 NAGOG PARK #105
City or Town: ACTON State: MA Zip: 01720 Country: USA

5. The street address of the office in the Commonwealth at which its records will be maintained:

No. and Street: 40 NAGOG PARK #105
City or Town: ACTON State: MA Zip: 01720 Country: USA

6. The name and business address of each manager, if any:

| Title | Individual Name First, Middle, Last, Suffix | Address (no PO Box) Address, City or Town, State, Zip Code |
|---------|--|---|
| MANAGER | SRIDHAR BOGELLI | 12 BUTTERFIELD LN WESTFORD, MA 01886 USA |

7. The name and business address of the person(s) authorized to execute, acknowledge, deliver and record any recordable instrument purporting to affect an interest in real property:

| Title | Individual Name First, Middle, Last, Suffix | Address (no PO Box) Address, City or Town, State, Zip Code |
|---------------|--|---|
| REAL PROPERTY | SRIDHAR BOGELLI | 12 BUTTERFIELD LN WESTFORD, MA 01886 USA |

8. Name and address of the Resident Agent:

Name: SRIDHAR BOGELLI
No. and Street: 12 BUTTERFIELD LN

TRADEMARK
REEL: 006505 FRAME: 0132

City or Town: WESTFORD State: MA Zip: 01886 Country: USA

9. If the foreign limited liability company has a specific date of dissolution, the latest date on which the limited liability company is to dissolve:

10. Additional matters:

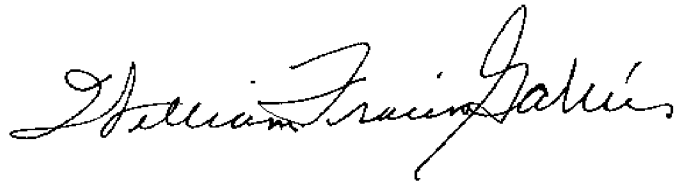
**SIGNED UNDER THE PENALTIES OF PERJURY, this 1 Day of February, 2012,
CHRISTIN LEVESQUE , Signature of Authorized Signatory.**

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THE COMMONWEALTH OF MASSACHUSETTS

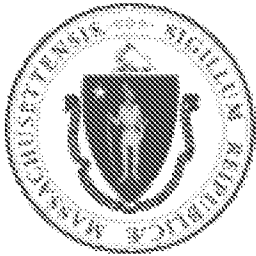
I hereby certify that, upon examination of this document, duly submitted to me, it appears that the provisions of the General Laws relative to corporations have been complied with, and I hereby approve said articles; and the filing fee having been paid, said articles are deemed to have been filed with me on:

February 01, 2012 04:14 PM

A handwritten signature in black ink, reading "William Francis Galvin". The signature is written in a cursive style with a large, prominent initial "W".

WILLIAM FRANCIS GALVIN

Secretary of the Commonwealth



The Commonwealth of Massachusetts
William Francis Galvin

Minimum Fee: \$500.00

Secretary of the Commonwealth, Corporations Division
 One Ashburton Place, 17th floor
 Boston, MA 02108-1512
 Telephone: (617) 727-9640

Annual Report

(General Laws, Chapter)

Identification Number: 542076463

Annual Report Filing Year: 2017

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 The date of its organization is: 09/01/2002

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4. Location of its principal office:

No. and Street: 40 NAGOG PARK #105
 City or Town: ACTON State: MA Zip: 01720 Country: USA

5. The business address of its principal office in the Commonwealth, if any:

No. and Street: 40 NAGOG PARK #105
 City or Town: ACTON State: MA Zip: 01720 Country: USA

6. The name and business address of each manager, if any:

| Title | Individual Name First, Middle, Last, Suffix | Address (no PO Box) Address, City or Town, State, Zip Code |
|---------|--|---|
| MANAGER | SRIDHAR BOGELLI | 12 BUTTERFIELD LN WESTFORD, MA 01886 USA |

7. The name and business address of the person(s) authorized to execute, acknowledge, deliver and record any recordable instrument purporting to affect an interest in real property:

| Title | Individual Name First, Middle, Last, Suffix | Address (no PO Box) Address, City or Town, State, Zip Code |
|---------------|--|---|
| REAL PROPERTY | SRIDHAR BOGELLI | 12 BUTTERFIELD LN WESTFORD, MA 01886 USA |

8. Name and address of the Resident Agent:

Name: SRIDHAR BOGELLI
 No. and Street: 12 BUTTERFIELD LN

TRADEMARK
REEL: 006505 FRAME: 0135

City or Town: WESTFORD State: MA Zip: 01886 Country: USA

9. If the foreign limited liability company has a specific date of dissolution, the latest date on which the limited liability company is to dissolve:

10. Additional matters:

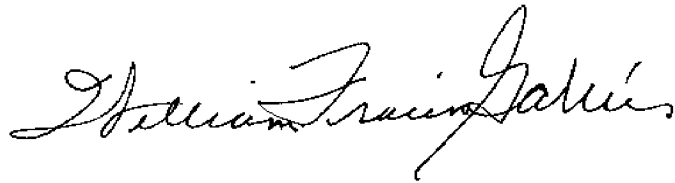
**SIGNED UNDER THE PENALTIES OF PERJURY, this 16 Day of November, 2017,
SRIDHAR BOGELLI , Signature of Authorized Signatory.**

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All Rights Reserved

THE COMMONWEALTH OF MASSACHUSETTS

I hereby certify that, upon examination of this document, duly submitted to me, it appears that the provisions of the General Laws relative to corporations have been complied with, and I hereby approve said articles; and the filing fee having been paid, said articles are deemed to have been filed with me on:

November 16, 2017 12:03 PM

A handwritten signature in black ink, reading "William Francis Galvin". The signature is written in a cursive style with a large, prominent initial "W".

WILLIAM FRANCIS GALVIN

Secretary of the Commonwealth