# TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1 Stylesheet Version v1.2 ETAS ID: TM520719

SUBMISSION TYPE:	CORRECTIVE ASSIGNMENT
NATURE OF CONVEYANCE:	Corrective Assignment to correct the Entity type previously recorded on Reel 006080 Frame 0217. Assignor(s) hereby confirms the Change of Name. The document clarifies that the receiving party is an IL non-profit corporation.

## **CONVEYING PARTY DATA**

Name	Formerly	Execution Date	Entity Type
Rehabilitation Institute of Chicago		01/10/2017	Corporation: ILLINOIS

## **RECEIVING PARTY DATA**

Name:	Rehabilitation Institute of Chicago	
Doing Business As:	Shirley Ryan AbilityLab	
Street Address:	355 East Erie Street	
City:	Chicago	
State/Country:	ILLINOIS	
Postal Code:	60611	
Entity Type:	Non-Profit Corporation: ILLINOIS	

## **PROPERTY NUMBERS Total: 14**

Property Type	Number	Word Mark
Registration Number:	4084220	ADVANCING HUMAN ABILITY
Registration Number:	4410040	ADVANCING ABILITY
Registration Number:	4238730	ABILITY LAB
Registration Number:	4515138	ABILITY INSTITUTE
Registration Number:	4518261	ABILITYLAB
Serial Number:	87091428	ABILITY GARDEN
Registration Number:	4800631	ABILITYLABS
Serial Number:	86274168	ABILITY LABS
Serial Number:	86796858	ABILITYLAB
Serial Number:	86963103	ABILITYQUOTIENT
Serial Number:	87319268	SOUL MOVES FIRST
Serial Number:	87390061	THE SCIENCE TO GET YOUR LIFE BACK
Serial Number:	86963146	AQ
Serial Number:	86796865	A

## CORRESPONDENCE DATA

TRADEMARK

900495830 REEL: 006628 FRAME: 0661

**Fax Number:** 3125693000

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:** 3125691459

**Email:** ipdocketchicago@dbr.com **Correspondent Name:** Drinker Biddle & Reath LLP

Address Line 1: 191 North Wacker Drive, Suite 3700 c/o Melissa S. Dillenbeck, Esq.

Address Line 4: Chicago, ILLINOIS 60606

ATTORNEY DOCKET NUMBER:	770118-RIC CORRECTIVE
NAME OF SUBMITTER:	Melissa S. Dillenbeck
SIGNATURE:	/Melissa S. Dillenbeck/
DATE SIGNED:	04/25/2019

#### **Total Attachments: 9**

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## UNITED STATES PATENT AND TRADEMARK OFFICE

UNDER SECRETARY OF COMMERCE FOR INTELLECTUAL PROPERTY AND DIRECTOR OF THE UNITED STATES PATENT AND TRADEMARK OFFICE

JUNE 22, 2017

PTAS

DRINKER BIDDLE & REATH LLP 191 NORTH WACKER DRIVE **SUITE 3700** CHICAGO, IL 60606

900408997

UNITED STATES PATENT AND TRADEMARK OFFICE NOTICE OF RECORDATION OF ASSIGNMENT DOCUMENT

THE ENCLOSED DOCUMENT HAS BEEN RECORDED BY THE ASSIGNMENT RECORDATION BRANCH OF THE U.S. PATENT AND TRADEMARK OFFICE. A COMPLETE COPY IS AVAILABLE AT THE ASSIGNMENT SEARCH ROOM ON THE REEL AND FRAME NUMBER REFERENCED BELOW.

PLEASE REVIEW ALL INFORMATION CONTAINED ON THIS NOTICE. THE INFORMATION CONTAINED ON THIS RECORDATION NOTICE REFLECTS THE DATA PRESENT IN THE PATENT AND TRADEMARK ASSIGNMENT SYSTEM. IF YOU SHOULD FIND ANY ERRORS OR HAVE QUESTIONS CONCERNING THIS NOTICE, YOU MAY CONTACT THE ASSIGNMENT RECORDATION BRANCH AT 571-272-3350. PLEASE SEND REQUEST FOR CORRECTION TO: U.S. PATENT AND TRADEMARK OFFICE, MAIL STOP: ASSIGNMENT RECORDATION BRANCH, P.O. BOX 1450, ALEXANDRIA, VA 22313.

RECORDATION DATE: 06/08/2017

REEL/FRAME: 6080/0217 NUMBER OF PAGES: 4

BRIEF: CHANGE OF NAME

DOCKET NUMBER:

502512

ASSIGNOR:

REHABILITATION INSTITUTE OF CHICAGO

DOC DATE: 01/10/2017 CITIZENSHIP: ILLINOIS ENTITY: CORPORATION

ASSIGNEE:

REHABILITATION INSTITUTE OF CHICAGO DBA SHIRLEY RYAN ABILITYLAB

355 EAST ERIE STREET CHICAGO, ILLINOIS 60611 CITIZENSHIP: ILLINOIS ENTITY: CORPORATION

SERIAL NUMBER: 77568823 REGISTRATION NUMBER: 4084220 MARK: ADVANCING HUMAN ABILITY

DRAWING TYPE: STANDARD CHARACTER MARK

FILING DATE: 09/12/2008 REGISTRATION DATE: 01/10/2012

SERIAL NUMBER: 85382328

REGISTRATION NUMBER: 4238730

MARK: ABILITY LAB

DRAWING TYPE: STANDARD CHARACTER MARK

FILING DATE: 07/27/2011

REGISTRATION DATE: 11/06/2012

P.O. Box 1450, Alexandria, Virginia 22313-1450 - WWW.USPTO.GOV

SERIAL NUMBER: 85529427

REGISTRATION NUMBER: 4515138

MARK: ABILITY INSTITUTE

DRAWING TYPE: STANDARD CHARACTER MARK

SERIAL NUMBER: 85549485
REGISTRATION NUMBER: 4518261

MARK: ABILITYLAB

DRAWING TYPE: STANDARD CHARACTER MARK

SERIAL NUMBER: 85773611

REGISTRATION NUMBER: 4410040

MARK: ADVANCING ABILITY

DRAWING TYPE: STANDARD CHARACTER MARK

MARK: ABILITYLABS

DRAWING TYPE: STANDARD CHARACTER MARK

SERIAL NUMBER: 86274168

REGISTRATION NUMBER:

MARK: ABILITY LABS

DRAWING TYPE: STANDARD CHARACTER MARK

SERIAL NUMBER: 86796858

REGISTRATION NUMBER:

MARK: ABILITYLAB

DRAWING TYPE: AN ILLUSTRATION DRAWING WITH WORD(S) /LETTER(S) / NUMBER(S) IN

STYLIZED FORM

SERIAL NUMBER: 86796865

REGISTRATION NUMBER:

DRAWING TYPE: AN ILLUSTRATION DRAWING WITH WORD(S) /LETTER(S) / NUMBER(S) IN

STYLIZED FORM

SERIAL NUMBER: 86811928

REGISTRATION NUMBER:

MARK: ADVANCE HUMAN ABILITY

DRAWING TYPE: STANDARD CHARACTER MARK

SERIAL NUMBER: 86963103

REGISTRATION NUMBER:

MARK: ABILITYQUOTIENT

DRAWING TYPE: STANDARD CHARACTER MARK

SERIAL NUMBER: 86963146

REGISTRATION NUMBER:

MARK: AO

DRAWING TYPE: STANDARD CHARACTER MARK

SERIAL NUMBER: 87091428 REGISTRATION NUMBER:

MARK: ABILITY GARDEN

DRAWING TYPE: STANDARD CHARACTER MARK

FILING DATE: 01/31/2012 REGISTRATION DATE: 04/15/2014

FILING DATE: 02/22/2012

REGISTRATION DATE: 04/22/2014

FILING DATE: 11/07/2012 REGISTRATION DATE: 10/01/2013

SERIAL NUMBER: 86271498 FILING DATE: 05/05/2014
REGISTRATION NUMBER: 4800631 REGISTRATION DATE: 08/25/2015

FILING DATE: 05/07/2014

REGISTRATION DATE:

FILING DATE: 10/22/2015

REGISTRATION DATE:

FILING DATE: 10/22/2015

REGISTRATION DATE:

FILING DATE: 11/06/2015

REGISTRATION DATE:

FILING DATE: 04/04/2016

REGISTRATION DATE:

FILING DATE: 04/04/2016

REGISTRATION DATE:

FILING DATE: 07/01/2016

REGISTRATION DATE:

SERIAL NUMBER: 87319268

REGISTRATION NUMBER:

MARK: SOUL MOVES FIRST

DRAWING TYPE: STANDARD CHARACTER MARK

SERIAL NUMBER: 87321026

REGISTRATION NUMBER:

MARK: SPIRIT MOVES FIRST

DRAWING TYPE: STANDARD CHARACTER MARK

SERIAL NUMBER: 87390061

REGISTRATION NUMBER:

MARK: THE SCIENCE TO GET YOUR LIFE BACK

DRAWING TYPE: STANDARD CHARACTER MARK

FILING DATE: 02/01/2017

REGISTRATION DATE:

FILING DATE: 02/01/2017

REGISTRATION DATE:

FILING DATE: 03/29/2017

REGISTRATION DATE:

ASSIGNMENT RECORDATION BRANCH PUBLIC RECORDS DIVISION

TRAD RK ASSIGNMENT COVER SHEET

Electronic Version v1.1 Stylesheet Version v1.2					ETAS ID: TM43
SUBMISSION TYPE:		NEW	ASSIGNME	NT	
NATURE OF CONVEYA	ICE:	CHAN	IGE OF NAM	ME	
CONVEYING PARTY D	ATA				
Name		For	merly	Execution Date	Entity Type
Rehabilitation Institute of Chicago				01/10/2017	Corporation: ILLINOIS
RECEIVING PARTY DA	TA				
Name:	Rehabilitat	ion Instit	ute of Chica	go	
Doing Business As:	Shirley Rya	Shirley Ryan AbilityLab			
Street Address:	355 East Erie Street				
City:	Chicago				
State/Country:	ILLINOIS				
Postal Code:	60611				
Entity Type:	Corporation: ILLINOIS				
PROPERTY NUMBERS	Total: 16				
Property Type	Num	ber		Word	Mark
Registration Number:	4084220		ADVANCIN	IG HUMAN ABILITY	
Registration Number:	4410040	-	ADVANCIN	IG ABILITY	
Registration Number:	4238730		ABILITY LA	/B	
Registration Number:	4515138		ABILITY IN	STITUTE	
Registration Number:	4518261		ABILITYLA	В	
Serial Number:	87091428		ABILITY G	ARDEN	
Registration Number:	4800631		ABILITYLA	BS	
			ADD CTALL A	00	

ABILITY LABS

ABILITYLAB

AQ

Α

ABILITYQUOTIENT

SOUL MOVES FIRST

SPIRIT MOVES FIRST

ADVANCE HUMAN ABILITY

THE SCIENCE TO GET YOUR LIFE BACK

CORRESPONDENCE DATA

Serial Number: Serial Number:

Serial Number:

Serial Number:

Serial Number:

Serial Number:

Serial Number: Serial Number:

Serial Number:

86274168

86796858

86811928

86963103

87319268

87321026

87390061

86963146

86796865

# TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1 Stylesheet Version v1.2

SUBMISSION TYPE:	NEW ASSIGNMENT

NATURE OF CONVEYANCE: CHANGE OF NAME

#### **CONVEYING PARTY DATA**

Name	Formerly	<b>Execution Date</b>	Entity Type
Rehabilitation Institute of Chicago		01/10/2017	Corporation: ILLINOIS

#### **RECEIVING PARTY DATA**

Name:	Rehabilitation Institute of Chicago	
Doing Business As:	Shirley Ryan AbilityLab	
Street Address:	355 East Erie Street	
City:	Chicago	
State/Country:	ILLINOIS	
Postal Code:	60611	
Entity Type:	Corporation: ILLINOIS	

#### PROPERTY NUMBERS Total: 16

1084220	
	ADVANCING HUMAN ABILITY
1410040	ADVANCING ABILITY
1238730	ABILITY LAB
1515138	ABILITY INSTITUTE
1518261	ABILITYLAB
37091428	ABILITY GARDEN
1800631	ABILITYLABS
36274168	ABILITY LABS
36796858	ABILITYLAB
36811928	ADVANCE HUMAN ABILITY
36963103	ABILITYQUOTIENT
37319268	SOUL MOVES FIRST
37321026	SPIRIT MOVES FIRST
37390061	THE SCIENCE TO GET YOUR LIFE BACK
= 1: = 1 = 3 = 3 = 3 = 3 = 3 = 3 = 3 = 3 = 3	238730 515138 518261 7091428 800631 6274168 6796858 6811928 6963103 7319268 7321026

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Serial Number:	86963146	AQ
Serial Number:	86796865	A

#### CORRESPONDENCE DATA

Fax Number:

3125693459

Phone:

3125691459

Email:

ipdocketchicago@dbr.com

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.

Correspondent Name:

Drinker Biddle & Reath LLP 191 North Wacker Drive

Address Line 1: Address Line 2:

Suite 3700

Address Line 4:

Chicago, ILLINOIS 60606

ATTORNEY DOCKET NUMBER:	502512
NAME OF SUBMITTER:	Melissa S. Dillenbeck
Signature:	/Melissa S. Dillenbeck/
Date:	06/08/2017

#### **Total Attachments: 2**

source=IL SOS Assumed Name 1.19.17#page1.tif source=IL SOS Assumed Name 1.19.17#page2.tif

#### RECEIPT INFORMATION

ETAS ID:

TM430577

**Receipt Date:** 

06/08/2017

Fee Amount:

\$415

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REEL: 006628 FRAME: 0668

Form NFP 104.15/20 (Rev. Aug. 2014)
APPLICATION TO ADOPT, CHANGE OR
CANCEL an ASSUMED CORPORATE NAME

General Not For Profit Corporation Act

Secretary of State
Department of Business Services
501 S. Second St., Rm. 350
Springfield, IL 62756
217-782-9520
217-782-6961
www.cyberdrivelllinois.com



JAN 1 9 2017

JESSE WHITE SECRETARY OF STATE

P. Di	ayment must be made by check or money order ayable to Secretary of State.  Filing fee \$ File # Approved:				
•	Filling fee \$ 90.00 File # 3343545 Approved:				
	Submit in duplicate Type or Print clearly in black ink Do not write above this √ine				
1.	Corporate Name: Rehabilitation Institute of Chicago				
2.	State or Country of Incorporation: Illinois				
3.	Date Incorporated (if an Illinois corporation) or Date Authorized to Transact Business in Illinois (if a foreign corporation				
	September 5, 1951 Month & Day Year				
	Complete No. 4 and No. 5 if adopting or changing an assumed corporate name.				
4.	<ol> <li>Corporation intends to adopt and to transact business under the assumed corporate name of:</li> </ol>				
	Shirley Ryan AbilityLab				
5.	5. The right to use the assumed corporate name shall be effective from the date this application is filed by the Secre				
	of State until September 1, 2020, the first day of the corporation's anniversary				
	month in the next year evenly divisible by five.				
Complete No. 6 if changing or cancelling an assumed corporate name.					
6	6. Corporation intends to cease transacting business under the assumed corporate name of:				
Ů,	N/A				
\$000000					
7.	The undersigned corporation has caused this statement to be signed by a duly authorized officer who affirms, und penalties of perjury, that the facts stated herein are true and correct.				
	Dated January 10, 2017 Rehabilitation Institute of Chicago				
	Month & Day Year Exact Name of Corporation				
	Noscoy C. Panidy Arty Authorized Officer's Signafure				
	Nancy E. Paridy, Corporate Secretary				
	Name and Title (type or print)				

NOTE: The filling fee to adopt an assumed corporate name is \$150 if the current year ends with a 0 or 5; \$120 if the current year ends with a 1 or 6; \$90 if the current year ends with a 2 or 7; \$60 if the current year ends with a 3 or 8; or \$30 if the current year ends with a 4 or 9.

The fee for cancelling an assumed corporate name is \$5.

The fee to change an assumed name is \$5.

Printed by authority of the State of Illinois, January 2015 - 1 - C 211.9



# OFFICE OF THE SECRETARY OF STATE

## JESSE WHITE • Secretary of State

JANUARY 19, 2017

3272-594-5

LAURA CHAPMAN THE REHABILITATION INSTITUTE OF CHICAGO 446 E ONTARIO ST, STE 1019 CHICAGO, IL 60611

RE REHABILITATION INSTITUTE OF CHICAGO

DEAR SIR OR MADAM:

APPLICATION TO ADOPT AN ASSUMED NAME HAS BEEN PLACED ON FILE AND THE CORPORATION CREDITED WITH THE REQUIRED FEE.

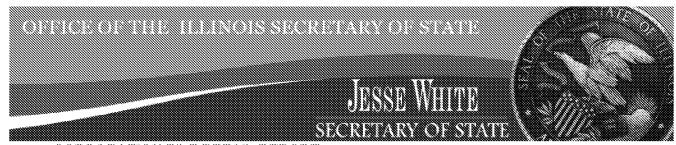
THE DUPLICATE COPY IS ENCLOSED.

SINCERELY,

JESSE WHITE SECRETARY OF STATE DEPARTMENT OF BUSINESS SERVICES CORPORATION DIVISION TELEPHONE (217) 782-6961

JW:CD





#### CORPORATION FILE DETAIL REPORT

File Number	32725945		
Entity Name	REHABILITATION INSTIT	JTE OF CHICAGO	
Status	ACTIVE		
Entity Type	CORPORATION	Type of Corp	NOT-FOR-PROFIT
Incorporation Date (Domestic)	09/05/1951	State	ILLINOIS
Agent Name	NANCY E PARIDY	Agent Change Date	03/29/2017
Agent Street Address	355 EAST ERIE ST	President Name & Address	
Agent City	CHICAGO	Secretary Name & Address	
Agent Zip	80611	Duration Date	PERPETUAL
Annual Report Filing Date	08/16/2018	For Year	2018
Assumed Name ACTIVE - MEDICAL SERVICES RIC ACTIVE - SHIRLEY RYAN ABILITYLAB ACTIVE - MEDICAL SERVICES SRALAB			

Return to the Search Screen

Select Certificate of Good Standing for Purchase

(One Certificate per Transaction)

#### **OTHER SERVICES**

File Annual Report

RECORDED: 04/25/2019

Adopting Assumed Name

Change of Registered Agent and/or Registered Office Address

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