

## TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1  
Stylesheet Version v1.2

ETAS ID: TM555300

<b>SUBMISSION TYPE:</b>	NEW ASSIGNMENT		
<b>NATURE OF CONVEYANCE:</b>	CHANGE OF NAME		
<b>CONVEYING PARTY DATA</b>			
<b>Name</b>	<b>Formerly</b>	<b>Execution Date</b>	<b>Entity Type</b>
Univar USA Inc.		06/10/2019	Corporation:
<b>RECEIVING PARTY DATA</b>			
<b>Name:</b>	Univar Solutions USA Inc.		
<b>Street Address:</b>	3075 Highland Pkwy, Suite 200		
<b>City:</b>	Downers Grove		
<b>State/Country:</b>	ILLINOIS		
<b>Postal Code:</b>	60515		
<b>Entity Type:</b>	Corporation: WASHINGTON		
<b>PROPERTY NUMBERS Total: 4</b>			
<b>Property Type</b>	<b>Number</b>	<b>Word Mark</b>	
<b>Serial Number:</b>	76363350	PESTWEB	
<b>Serial Number:</b>	75068360	PESTWEB	
<b>Serial Number:</b>	75554734	BALER'S CHOICE	
<b>Serial Number:</b>	78503662	I MAXX PRO	
<b>CORRESPONDENCE DATA</b>			
<b>Fax Number:</b>			
<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>	3148630800		
<b>Email:</b>	david.kim@stinson.com		
<b>Correspondent Name:</b>	David S. Kim		
<b>Address Line 1:</b>	7700 Forsyth Blvd., Suite 1100		
<b>Address Line 2:</b>	Suite 1100		
<b>Address Line 4:</b>	St. Louis, MISSOURI 63105		
<b>NAME OF SUBMITTER:</b>	David S. Kim		
<b>SIGNATURE:</b>	/David S. Kim/		
<b>DATE SIGNED:</b>	12/30/2019		
<b>Total Attachments: 3</b>			
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source=Cert of Incorp Name Change Univar Solutions USA filed 09.01.2019#page2.tif			

CH \$115.00 76363350





Office of the Secretary of State

Corporations & Charities Division

(360) 725 - 0377 | www.sos.wa.gov/corps

801 Capital Way S, Olympia, WA 98504-0234

FILED

Secretary of State

State of Washington

Date Filed: 06/14/2019

Effective Date: 09/01/2019

UBI No: 601 007 463

This Box For Office Use Only

Amendment Fee \$30

Amendment Fee with Expedited Service \$80

### ARTICLES OF AMENDMENT

### PROFIT CORPORATION

### RCW 23B.10

Please provide UBI # 601 007 463

**NAME OF PROFIT CORPORATION:** (as currently recorded with the Office of the Secretary of State)  
UNIVAR USA INC.

**BUSINESS TYPE:** Are you changing your business type?  Yes  No (if no, continue to next section)

If yes, select the change being made:

WA PROFESSIONAL SERVICE CORPORATION  WA PUBLIC UTILITY CORPORATION

WA SOCIAL PURPOSE CORPORTION

**ENTITY NAME CHANGE:** Are you changing your business name?  Yes  No If no, continue to Jurisdiction

If yes, do you already have an entity name reserved?  Yes  No

If Yes, provide the Name Reservation Number and Name If No, provide only the name

Reservation Number: \_\_\_\_\_

Name: Univar Solutions USA Inc.

**CORPORATE SHARES:** Are you changing your business's authorized shares?  Yes  No If no, continue to next section

New number of authorized shares: \_\_\_\_\_ Class of shares:  Common Stock  Preferred Stock

Did your share information change? (check one)  Yes  No If No, continue to next section

If Yes, implementation plan for change: (attach additional pages if needed)

**Has your registered agent changed?**  YES  NO If Yes, please be sure to complete page 2

**NEW REGISTERED AGENT:**

Is the Registered Agent a Commercial Registered Agent?  Yes  No

If Yes, provide the name of the Commercial Registered Agent: \_\_\_\_\_

A Commercial Registered Agent is an entity or individual that is registered with the Office of the Secretary of State to receive legal documents on behalf of a corporation. A Commercial Registered Agent has the entities/individual's address on record with the office.

A Registered Agent consent is still required for a Commercial Registered Agent located below.

If No, please continue below

Please complete **ONE** type of Registered Agent below, be sure to include the name below the checked box. Then continue to provide the required street address. Mailing address if needed.

<input type="checkbox"/> Individual	<input type="checkbox"/> Entity	<input type="checkbox"/> Office or Position
_____ First and last name of a Non-commercial Registered Agent. (Any person not registered as a Commercial Registered Agent.)	_____ Name of a Non-commercial Registered Agent (Any business not registered as a Commercial Registered Agent.)	_____ List the Office or Position serves as agent. (Only if using the specific office or position as the registered agent, no matter who holds the position like: Secretary, Member or Treasurer.)

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

<p><b>Registered Agent Street Address (required)</b> (Must be a physical address No PO Box or FMB)</p> <p>Country: <u>United States</u> State: <u>Washington</u></p> <p>Address : _____</p> <p>_____ Zip: _____ City: _____</p>	<p><b>Registered Agent Mailing Address (optional)</b> <input type="checkbox"/> Check if mailing address is the same as street address</p> <p>Country: <u>United States</u> State: <u>Washington</u></p> <p>Address : _____</p> <p>_____ Zip: _____ City: _____</p>
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**CONSENT TO SERVE AS REGISTERED AGENT - REQUIRED FOR ALL TYPES**

I hereby consent to serve as Registered Agent in the State of Washington for the named entity. I understand it will be my responsibility to accept service of process, notices, and demands on behalf of the entity; to forward mail to the entity; and to immediately notify the Office of the Secretary of State if I resign or change the Registered Office Address.

_____ Signature of Registered Agent	_____ Printed Name/Title	_____ Date
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**DURATION:** *Required only if changed* Please check ONE of the following

This Company shall have a perpetual duration  This Company shall have a duration of \_\_\_\_\_ years.

This Company shall expire on \_\_\_\_\_

**ADOPTION OF ARTICLES OF AMENDMENT:** This Amendment was duly adopted by the following method

By a sufficient vote of shareholders

By the board of directors

By the incorporators prior to the issuance of shares

**EFFECTIVE DATE:**

Date of filing  Specify a Date Sept 1, 2019 cannot be more than 90 days following received date

**DATE OF ADOPTION:** When was this Amendment adopted?

Date of filing  Specify a date: June 1, 2019

**RETURN ADDRESS FOR THIS FILING:** *(Optional)*

This address will be sent document(s) regarding this specific filing in addition to document(s) being sent to the Registered Agent's street/mailling address.

Attention to: Ashley Lydon

Email: ashley.lydon@univarsolutions.com

Address: 3075 Highland Park, Suite 200

City Downers Grove State IL Zip 60515

**AUTHORIZED PERSON:**

This record is hereby executed under penalties of perjury, and is, to the best of my knowledge, true and correct.



Signature of Authorized Person

Nicole J. Perkins  
Secretary

Printed Name/Title

June 10, 2019

Date