

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

ETAS ID: TM566196

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	CHANGE OF NAME		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
FORMERLY KUSS FILTRATION INC.		09/21/2017	Corporation:
RECEIVING PARTY DATA			
Name:	GVS Filtration Inc.		
Street Address:	2050 INDUSTRIAL DR.		
City:	FINDLAY		
State/Country:	OHIO		
Postal Code:	45840		
Entity Type:	Corporation: OHIO		
PROPERTY NUMBERS Total: 5			
Property Type	Number	Word Mark	
Registration Number:	4400823	KUSS FILTRATION	
Registration Number:	3795035	KUSS	
Registration Number:	4633216	KUSSLIFE	
Registration Number:	5188626		
Registration Number:	5188627		
CORRESPONDENCE DATA			
Fax Number:	8446706009		
<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:	7344367354		
Email:	JLevoska@dickinsonwright.com		
Correspondent Name:	Dickinson Wright PLLC		
Address Line 1:	350 S. Main Street		
Address Line 2:	Suite 300		
Address Line 4:	Ann Arbor, MICHIGAN 48104		
NAME OF SUBMITTER:	Michael N. Spink		
SIGNATURE:	/Michael N Spink/		
DATE SIGNED:	03/10/2020		
Total Attachments: 3			

OP \$140.00 4400823

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DOC ID --> 201726401556



DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	CERT	COPY
09/21/2017	201726401556	Foreign/Amendment (FAM)	50.00	100.00	0.00	0.00

Receipt

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

CT CORPORATION SYSTEM
ATTN: ROBERT SHOLL
4400 EASTON COMMON WAY SUITE 125
COLUMBUS, OH 43219

STATE OF OHIO CERTIFICATE	
Ohio Secretary of State, Jon Husted 2050006	
It is hereby certified that the Secretary of State of Ohio has custody of the business records for GVS FILTRATION INC.	
and, that said business records show the filing and recording of:	
Document(s) Foreign/Amendment	Document No(s): 201726401556
Effective Date: 09/21/2017	
 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 21st day of September, A.D. 2017.  Ohio Secretary of State



Form 565 Prescribed by:

JON HUSTED
OHIO SECRETARY OF STATE

Toll Free: (877) SOS-FILE (877-767-3453)
Central Ohio: (614) 466-3810

www.OhioSecretaryofState.gov
busserv@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)
Requires an additional \$100.00

P.O. Box 1390
Columbus, OH 43216

2017 SEP 21 AM 9:13

Certificate of Amendment to Foreign Licensed Corporation Application
(For-profit or Nonprofit Foreign Corporation)
Filing Fee: \$50
(179-FAM)

A foreign corporation must file a Certificate of Amendment if, in amending its articles of incorporation, it modifies any of the information included in its application for license to transact business in Ohio or in any amendment to that application.

Complete the following information (as currently on file in the Ohio Secretary of State's office).

The foreign corporation named below amends its application for its license to transact business in Ohio.

Name of Corporation

(as registered in Jurisdiction of Formation)

Assumed Name used in Ohio (if applicable)

Jurisdiction of Formation

Ohio License Number

Complete only the information below that has been amended.

The information provided below supersedes the information currently on file with the Ohio Secretary of State's Office.

Name of Corporation

(as registered in Jurisdiction of Formation)

Assumed Name used in Ohio (if applicable)

Jurisdiction of Formation

Location of principal office

Mailing Address

City State ZIP Code

Location of any Ohio office

Mailing Address

City State ZIP Code

A brief summary of the corporate purpose(s) to be exercised within the state:

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 officer of the corporation.

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

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

Signature

By (if applicable)

Massimo Scagglarini

Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name