

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

ETAS ID: TM572826

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	MERGER
EFFECTIVE DATE:	12/31/2013
SEQUENCE:	4

CONVEYING PARTY DATA

Name	Formerly	Execution Date	Entity Type
TNS Custom Research, Inc.		12/31/2013	Corporation: PENNSYLVANIA

RECEIVING PARTY DATA

Name:	TNS Custom Research Newco, LLC
Street Address:	11 Madison Avenue
City:	New York
State/Country:	NEW YORK
Postal Code:	10010
Entity Type:	Limited Liability Company: PENNSYLVANIA

PROPERTY NUMBERS Total: 2

Property Type	Number	Word Mark
Registration Number:	2313362	BILL HARVESTING
Registration Number:	2308675	BUSINESSWAVE

CORRESPONDENCE DATA

Fax Number: 2124684888

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: 2124684800

Email: jkatz@dglaw.com

Correspondent Name: Jeffrey C. Katz

Address Line 1: Davis & Gilbert LLP, 1740 Broadway

Address Line 4: New York, NEW YORK 10019

ATTORNEY DOCKET NUMBER:	32256-1-0
NAME OF SUBMITTER:	Jeffrey C. Katz
SIGNATURE:	/Jeffrey C. Katz/
DATE SIGNED:	04/21/2020

Total Attachments: 6

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COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF STATE

DECEMBER 20, 2013

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

TNS Custom Research, LLC

I, Carol Aichele, Secretary of the Commonwealth of Pennsylvania
do hereby certify that the foregoing and annexed is a true and correct
copy of
Certificate of Merger filed on December 20, 2013
which appear of record in this department.



IN TESTIMONY WHEREOF, I have
hereunto set my hand and caused
the Seal of the Secretary's Office to
be affixed, the day and year above
written.

A handwritten signature in black ink, appearing to read "Carol Aichele".

Secretary of the Commonwealth

Certification Number: 11531181-1

Verify this certificate online at <http://www.corporations.state.pa.us/corp/soskb/verify.asp>

TRADEMARK
REEL: 006919 FRAME: 0949

PENNSYLVANIA DEPARTMENT OF STATE
 BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS

Certificate of Merger or Consolidation
 Limited Liability Company
 (15 Pa. C.S. § 8958)

Name: BELINDA SCHORY
 Address: PENNCORP SERVICEGROUP, INC.
600 NORTH SECOND ST. 38824
 City: PO BOX 1210 Zip Code:
HARRISBURG, PA 17108-1210

Document will be returned to the name and address you enter to the left.

Commonwealth of Pennsylvania
 ARTICLES MERGER/CONSOLIDATION-ALL TYPES 5 Page(s)



Fee: \$150 plus \$40 additional for each party in addition to two

In compliance with the requirements of the 15 Pa.C.S. § 8958 (relating to articles of merger or consolidation), the undersigned limited liability company(s), desiring to effect a merger or consolidation, hereby state that:

1. The name of the limited liability company surviving the merger or consolidation is:
TNS CUSTOM RESEARCH NEWCO, LLC

2. Check and complete one of the following:

The surviving limited liability company is a domestic limited liability company and the (a) address of its current registered office in this Commonwealth or (b) name of its commercial registered office provider and the county of venue is (the Department is hereby authorized to correct the following information to conform to the records of the Department):

(a) Number and Street	City	State	Zip	County
(b) Name of Commercial Registered Office Provider				County
c/o: <u>Corporate Creations Network Inc.</u>				<u>Erie County</u>

The surviving limited liability company is a qualified foreign limited liability company formed under the laws of _____ and the (a) address of its current registered office in this Commonwealth or (b) name of its commercial registered office provider and the county of venue is (the Department is hereby authorized to correct the following information to conform to the records of the Department):

(a) Number and Street	City	State	Zip	County
(b) Name of Commercial Registered Office Provider				County
c/o:				

The surviving limited liability company is a nonqualified foreign limited liability company formed under the laws of _____ and the address of its principal office under the laws of such domiciliary jurisdiction is:

Number and Street	City	State	Zip
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3. The name and the address of the current registered office in this Commonwealth or name of its commercial registered office provider and the county of venue of each other domestic limited liability company and qualified foreign limited liability company which is a party to the plan of merger or consolidation are as follows:

Name	Registered Office Address	Commercial Registered Office Provider	County
TNS Custom Research, Inc., c/o Corporate Creations Network Inc.			Erie County

4. Check, and if appropriate complete, one of the following:

The plan of merger or consolidation shall be effective upon filing these Articles of Merger in the Department of State.

The plan of merger or consolidation shall be effective on: 12/31/2013

Date Hour

5. The manner in which the plan of merger or consolidation was adopted by each domestic limited liability company is as follows:

Name of Limited Liability Company	Manner of Adoption
TNS Custom Reseach Newco, LLC	Adopted by the members and managers pursuant to 15Pa. c.s. Section 8957(g)
TNS Custom Research, Inc.	Adopted by the shareholders and directors pursuant to 15Pa. c.s. Section 1924(a)

6. ~~Strike out this paragraph if no foreign limited liability company is a party to the merger or consolidation:~~
~~The plan was authorized, adopted or approved, as the case may be, by the foreign limited liability company (or each of the foreign limited liability companies) party to the plan in accordance with the laws of the jurisdiction in which it is organized.~~

7. Check, and if appropriate complete, one of the following:

The plan of merger or consolidation is set forth in full in Exhibit A attached hereto and made a part hereof.

Pursuant to 15 Pa.C.S. § 8958 (b) (relating to omission of certain provisions of plan of merger or consolidation) the provisions, if any, of the plan of merger or consolidation that amend or constitute the operative Certificate of Organization of the surviving limited liability company as in effect subsequent to the effective date of the plan are set forth in full in Exhibit A attached hereto and made a part hereof. The full text of the plan of merger or consolidation is on file at the principal place of business of the surviving limited liability company, the address of which is:

11 Madison Avenue, New York, New York 10010 New York

Number and street	City	State	Zip	County
11 Madison Avenue	New York	New York	10010	

IN TESTIMONY WHEREOF, the undersigned limited liability company has caused this Certificate of Merger or Consolidation to be signed by a duly authorized member or manager thereof this

31st day of December, 2013

TNS Custom Research Newco, LLC

Name of Limited Liability Company

Ken Faulstich

Signature

Manager

Title

TNS Customs Research, Inc.

Name of Limited Liability Company

Ken Faulstich

Signature

Authorized Person

Title

EXHIBIT A

Pursuant to Section 2 of the Plan of Merger and PA C.S. 8951, the operative Certificate of Organization of the surviving limited liability company is hereby amended to change the name of the surviving limited liability company, as in effect subsequent to the effective date of the Plan, and as set forth below:

The name of the limited liability company is TNS Custom Research, LLC

Docketing Statement (Changes)
DSCB:15-134B

BUREAU USE ONLY:

Revenue Labor & Industry

Other _____

File Code _____ Filed Date _____

Part I. Complete for each filing:

Current name of entity or registrant (survivor or new entity if merger or consolidation):
TNS Custom Research Newco, LLC

Entity number, if known: **4232603** Incorporation/qualification date in PA: **12/11/2013**

State of Inc: **PA** Federal EIN: _____ Specified effective date, if any: **12/31/2013**

Part II. Check proper box:

Amendment (complete Section A) Merger, Consolidation or Division (complete Section B,C or D)

Consolidation (complete Section C) Division (complete Section D)

Conversion (complete Section A & E) Correction (complete Section A)

Termination (complete Section H) Revival (complete Section G)

Dissolution before Commencement of Business (complete Section F)

Section A - Check box(es) which pertain to changes:

Name:
TNS Custom Research, LLC

Registered Office: Number & street/RD number & box number City State Zip County

Purpose:

Stock (aggregate number of share authorized): _____ Effective date: _____

Term of Existence: _____ Other: _____

Section B - Merger Complete Section A if any changes to surviving entity:
Merging Entities are: (attach sheet for additional merging entities)

Name: **TNS Custom Research, Inc.** Entity #, if known: **389381**

Effective date: **12/31/2013** Inc./qual. date in PA: **10/26/1966** State of Inc: **PA**

Name: _____ Entity #, if known: _____

Effective date: _____ Inc./qual. date in PA: _____ State of Inc: _____