

## TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1  
Stylesheet Version v1.2

ETAS ID: TM609768

<b>SUBMISSION TYPE:</b>	NEW ASSIGNMENT		
<b>NATURE OF CONVEYANCE:</b>	ENTITY CONVERSION		
<b>CONVEYING PARTY DATA</b>			
<b>Name</b>	<b>Formerly</b>	<b>Execution Date</b>	<b>Entity Type</b>
CBCInnovis, Inc.		11/10/2020	Corporation: PENNSYLVANIA
<b>RECEIVING PARTY DATA</b>			
<b>Name:</b>	Factual Data, Inc.		
<b>Street Address:</b>	250 East Broad Street		
<b>Internal Address:</b>	Suite 2100		
<b>City:</b>	Columbs		
<b>State/Country:</b>	OHIO		
<b>Postal Code:</b>	43215		
<b>Entity Type:</b>	Corporation: OHIO		
<b>PROPERTY NUMBERS Total: 4</b>			
<b>Property Type</b>	<b>Number</b>	<b>Word Mark</b>	
<b>Registration Number:</b>	2357201	FACTUAL DATA	
<b>Registration Number:</b>	2818865	BUREAU EXPRESS	
<b>Registration Number:</b>	3517022	FACTUALID	
<b>Registration Number:</b>	5087721	FACTUAL DATA	
<b>CORRESPONDENCE DATA</b>			
<b>Fax Number:</b>	2025339099		
<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>	202-467-8800		
<b>Email:</b>	mjhoran@vorys.com		
<b>Correspondent Name:</b>	Vorys, Sater, Seymour and Pease LLP		
<b>Address Line 1:</b>	P.O. Box 2255 - IPLaw@Vorys		
<b>Address Line 2:</b>	ATTN: Vincent C. Lombardozzi		
<b>Address Line 4:</b>	Columbus, OHIO 43216		
<b>ATTORNEY DOCKET NUMBER:</b>	002604-60		
<b>NAME OF SUBMITTER:</b>	Miranda Horan		
<b>SIGNATURE:</b>	/MirandaHoran/		
<b>DATE SIGNED:</b>	11/19/2020		

CH \$115.00 2357201

**Total Attachments: 12**

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DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	CERT	COPY
11/12/2020	202031503696	Conversion Within SOS Records (CVS)	99.00	0.00	0.00	0.00

**Receipt**

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

HEATHER MAJOR  
250 EAST BROAD STREET  
SUITE 2100  
COLUMBUS, OH 43215

**STATE OF OHIO  
CERTIFICATE**

**Ohio Secretary of State, Frank LaRose  
1365579**

It is hereby certified that the Secretary of State of Ohio has custody of the business records for  
**FACTUAL DATA, INC.**

and, that said business records show the filing and recording of:

Document(s)

**Conversion Within SOS Records**

CHANGE TO DOMESTIC FOR PROFIT

Document No(s):

**202031503696**

Effective Date: 11/10/2020



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  
12th day of November, A.D. 2020.

**Ohio Secretary of State**

Form 700 Prescribed by:



Toll Free: 877.767.3453 | Central Ohio: 614.466.3910

[OhioSoS.gov](http://OhioSoS.gov) | [business@OhioSoS.gov](mailto:business@OhioSoS.gov)

File online or for more information: [OhioBusinessCentral.gov](http://OhioBusinessCentral.gov)

# Certificate for Conversion for Entities Converting Within or Off the Records of the Ohio Secretary of State

**Filing Fee: \$99**  
**Form Must Be Typed**

**(CHECK ONLY ONE (1) BOX)**

(1)  **Converting Within** The Records of the Ohio Secretary of State

(2)  **Converting Off** The Records of the Ohio Secretary of State (187-VXX)

Name of the converting entity

Jurisdiction of Formation

Charter/Registration Number

The converting entity is a:  
**(Check Only (1) One Box)**

<input type="checkbox"/> Domestic Nonprofit Corporation	<input type="checkbox"/> Partnership
<input type="checkbox"/> Domestic For-Profit Corporation	<input type="checkbox"/> Domestic Limited Partnership
<input type="checkbox"/> Foreign Nonprofit Corporation	<input type="checkbox"/> Foreign Limited Partnership
<input checked="" type="checkbox"/> Foreign For-Profit Corporation	<input type="checkbox"/> Domestic Limited Liability Partnership
<input type="checkbox"/> Domestic Nonprofit Limited Liability Company	<input type="checkbox"/> Foreign Limited Liability Partnership
<input type="checkbox"/> Foreign Nonprofit Limited Liability Company	
<input type="checkbox"/> Domestic For-Profit Limited Liability Company	
<input type="checkbox"/> Foreign For-Profit Limited Liability Company	

The converting entity hereby states that it has complied with all laws in the jurisdiction under which it exists and that those laws permit the conversion.

Name of the converted entity

Jurisdiction of Formation

The converted entity is a:  
**(Check Only (1) One Box)**

Domestic For-Profit Corporation  
 Domestic Professional Association  
 If Domestic For-Profit Corporation **OR** Domestic Professional Association, please indicate total number of shares

Foreign Nonprofit Corporation  
 Foreign For-Profit Corporation  
 Domestic Nonprofit Limited Liability Company  
 Foreign Nonprofit Limited Liability Company  
 Domestic For-Profit Limited Liability Company  
 Foreign For-Profit Limited Liability Company

Partnership  
 Domestic Limited Partnership  
 Foreign Limited Partnership  
 Domestic Limited Liability Partnership  
 Foreign Limited Liability Partnership

Effective Date (Optional)  (The conversion is effective upon the filing of this certificate or on a later date specified in the certificate)

Name and address of the person or entity that will provide a copy of the declaration of conversion upon written request.

Name

Mailing Address

City

State

Zip Code

**Required information that must accompany conversion certificate if box 2 is checked**

If the converting entity is a domestic or foreign entity that will not be licensed in Ohio, provide the name and address of the statutory agent upon whom any process, notice or demand may be served.

Name of Statutory Agent

Mailing Address

City

State

ZIP Code

**See instructions for additional filing requirements if**

- (1) the conversion creates a new domestic entity,
- (2) the converted entity is a foreign entity that desires to transact business in Ohio; or
- (3) if a domestic corporation or foreign corporation licensed in Ohio is the converting entity.

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 representative.

Kenneth R. Viviano

Signature

Chief Executive Officer

By (if applicable)

Kenneth R. Viviano

Print Name

Amy McKee Hulthen

Signature

Secretary

By (if applicable)

Amy McKee Hulthen

Print Name

Signature

By (if applicable)

Print Name

Form 590 Prescribed by:



Toll Free: 877.767.3453 | Central Ohio: 614.466.3910

[OhioSoS.gov](http://OhioSoS.gov) | [business@OhioSoS.gov](mailto:business@OhioSoS.gov)

File online or for more information: [OhioBusinessCentral.gov](http://OhioBusinessCentral.gov)

### Consent for Use of Similar Name

(To be filed with new business formation document or amendment to change business name where a name conflict will occur.)

Form Must Be Typed

Name of Entity/Individual Giving Consent

Charter/Registration/License Number of Entity giving Consent

Gives it Consent To

To Use The Name

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**

Consent form must be signed by an authorized representative of the consenting entity.

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)

Print Name

Signature

By (if applicable)

Print Name

Form 590 Prescribed by:



Toll Free: 877.767.3453 | Central Ohio: 614.466.3910

[OhioSoS.gov](http://OhioSoS.gov) | [business@OhioSoS.gov](mailto:business@OhioSoS.gov)

File online or for more information: [OhioBusinessCentral.gov](http://OhioBusinessCentral.gov)

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Name of Entity/Individual Giving Consent

Charter/Registration/License Number of Entity giving Consent

Gives it Consent To

To Use The Name

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**

Consent form must be signed by an authorized representative of the consenting entity.

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)

Print Name

Signature

By (if applicable)

Print Name





Toll Free: 877.767.3453 | Central Ohio: 614.466.3910

[OhioSoS.gov](http://OhioSoS.gov) | [business@OhioSoS.gov](mailto:business@OhioSoS.gov)File online or for more information: [OhioBusinessCentral.gov](http://OhioBusinessCentral.gov)

## Filing Form Cover Letter

Please return the approval certificate to:

Name *(Individual or Business Name)*:

Factual Data, Inc.

To the Attention of *(if necessary)*:

Legal Dept.

Address:

250 East Broad Street, Suite 2100

City:

Columbus

State

Ohio

ZIP Code:

43215

Phone Number:

614-222-5339

E-mail Address:

legal@cbc-companies.com

- Check here if you would like to receive important notices via e-mail from the Ohio Secretary of State's office regarding Business Services.
- Check here if you would like to be signed up for our Filing Notification System for the business entity being created or updated by filing this form. This is a free service provided to notify you via e-mail when any document is filed on your business record.

Please make checks or money orders payable to: "Ohio Secretary of State"

Type of Service Being Requested: (PLEASE CHECK **ONE** BOX BELOW)

- Regular Service:** Only the filing fee listed on page one of the form is required and the filing will be processed in approximately 3-7 business days. The processing time may vary based on the volume of filings received by our office.
- Expedite Service 1:** By including an Expedite fee of \$100.00, **in addition** to the regular filing fee on page one of the form, the filing will be processed within 2 business days after it is received by our office.
- Expedite Service 2:** By including an Expedite fee of \$200.00, **in addition** to the regular filing fee on page one of the form, the filing will be processed within 1 business day after it is received by our office. **This service is only available to walk-in customers who hand deliver the document to the Client Service Center.**
- Expedite Service 3:** By including an Expedite fee of \$300.00, **in addition** to the regular filing fee on page one of the form, the filing will be processed within 4 hours after it is received by our office, if received by 1:00 p.m. **This service is only available to walk-in customers who hand deliver the document to the Client Service Center.**
- Preclearance Filing:** A filing form, to be submitted at a later date for processing, may be submitted to be examined for the purpose of advising as to the acceptability of the proposed filing for a fee of \$50.00. The Preclearance will be complete within 1-2 business days.

Form 532A Prescribed by:



Toll Free: 877.767.3453
Central Ohio: 614.466.3910
OhioSoS.gov
business@OhioSoS.gov
File online or for more information: OhioBusinessCentral.gov

Mail this form to one of the following:
Regular Filing (non expedite)
P.O. Box 670
Columbus, OH 43216
Expedite Filing (Two business day processing time. Requires an additional \$100.00)
P.O. Box 1390
Columbus, OH 43216

For screen readers, follow instructions located at this path.

Initial Articles of Incorporation
(For Profit, Domestic Corporation)
Filing Fee: \$99
(113 - ARF)
Form Must Be Typed

Please check the box if this corporation is being formed for the following purpose:

- Community Development Corporation - Please see Ohio Revised Code Chapter 1726 or the instructions at the end of this form for more information.

Form fields for: First: Name of Corporation (Factual Data, Inc.), Second: Location of Principal Office in Ohio (Columbus, Ohio; Franklin, County), Third: Effective Date, Number of Shares (100), Type of Shares (Common Shares), Par Value of Shares (No par), Fourth: Amount of initial stated capital.

\*\* Note: ORC Chapter 1701 allows additional provisions to be included in the Articles of Incorporation that are filed with this office. If including any of these additional provisions, please do so by including them in an attachment to this form. \*\*

### Original Appointment of Statutory Agent

The undersigned, being at least a majority of the incorporators of

Factual Data, Inc.

(Name of Corporation)

hereby appoint the following to be Statutory Agent upon whom any process, notice or demand required or permitted by statute to be served upon the corporation may be served. The complete address of the agent is:

Corporation Service Company

(Name of Statutory Agent)

50 West Broad Street, Suite 1330

(Mailing Address)

Columbus

(Mailing City)

OH

(Mailing State)

43215

(Mailing ZIP Code)

Must be signed by the incorporators or a majority of the incorporators.

*[Handwritten Signature]*

(Signature)

*[Blank Signature Line]*

(Signature)

*[Blank Signature Line]*

(Signature)

### Acceptance of Appointment

The Undersigned,

Corporation Service Company

(Name of Statutory Agent)

, named herein as the

Statutory agent for

Factual Data, Inc.

(Name of Corporation)

hereby acknowledges and accepts the appointment of statutory agent for said corporation.

Statutory Agent Signature

Corporation Service Company

By: *Maureen DiCarlo*

(Individual Agent's Signature / Signature on Behalf of Business Serving as Agent)

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**

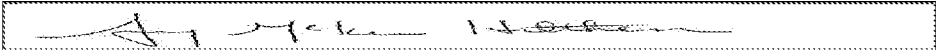
Articles and original appointment of agent must be signed by the incorporator(s).

If the incorporator is an individual, then they must sign in the "signature" box and print his/her name in the "Print Name" box.

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

CBC Companies, Inc.

Signature



By (if applicable)

Amy McKee Hulthen, Secretary

Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name

## **Instructions for Initial Articles of Incorporation (For Domestic, For-Profit Corporation)**

This form should be used if you wish to file articles of incorporation for a domestic for-profit corporation.

### **Name of Corporation**

The name of the corporation must be in compliance with Ohio Revised Code §1701.05. The name must end with or include the word or abbreviation "company," "co.," "corporation," "corp.," "incorporated," or "inc." The name must be distinguishable on the records in the office of the secretary of state.

### **Ohio Principal Office Location**

Please state the city and county in Ohio where the principal office of the corporation is to be located.

### **Effective Date (optional)**

An effective date may be provided but is not required. Pursuant to Ohio Revised Code §1701.04(E), the legal existence of the corporation begins upon the filing of the articles or on a later date specified in the articles. The effective date cannot (1) precede the date of filing with our office or (2) be more than ninety (90) days after the date of filing. If an effective date is given that precedes the date of filing, the effective date of the corporation will be the date of filing. If an effective date is given that exceeds the date of filing by more than ninety (90) days, our office will return the filing to you and request that a proper effective date be provided.

### **Authorized Number and Par Value of Shares**

Pursuant to Ohio Revised Code §1701.04(A)(3) and (4), please state the authorized number of shares, the type (common or preferred), and the par value, if any. Note: The express terms of the shares of each class must be attached. (See ORC 111.16(A)(2) for additional fee information.)

### **Initial Stated Capital**

If the corporation is to have an initial stated capital, please state the amount of that stated capital. Pursuant to §1785.05, a professional corporation may issue its capital stock only to persons who are duly licensed, certificated, or otherwise legally authorized to render within this state the same professional service as that for which the entity was organized.

### **Original Appointment of Statutory Agent and Acceptance of Appointment**

Pursuant to Ohio Revised Code §1701.07, an Ohio Corporation must appoint and maintain a statutory agent to accept service of process on behalf of the corporation. We cannot accept articles of incorporation unless the statutory agent information is provided. The statutory agent must be one of the following: (1) A natural person who is a resident of this state; or (2) A domestic or foreign corporation, nonprofit corporation, limited liability company, partnership, limited partnership, limited liability partnership, limited partnership association, professional association, business trust, or unincorporated nonprofit association that has a business address in this state. If the agent is a business entity then the agent must meet the requirements of Title XVII of the Revised Code to transact business or exercise privileges in Ohio. The statutory agent must also sign the Acceptance of Appointment at the bottom of page 2.

**Additional Provisions**

If the information you wish to provide for the record does not fit on the form, please attach additional provisions on a single-sided, 8 ½ x 11 sheet(s) of paper.

**Signature(s) - Required**

After completing all information on the filing form, please make sure that page 3 is signed by the incorporator(s).

Articles and original appointment of agent must be signed by the incorporator(s).

If the incorporator is an individual, then they must sign in the "signature" field and print (type) his/her name in the "Print Name" field.

If the incorporator is a business entity, not an individual, then please print (type) the entity name in the "signature" field, an authorized representative of the business entity must sign in the "By" field and print (type) his/her name and title/authority in the "Print Name" field.

A typed name signifies an "intent to sign" which is acceptable.

**Note**

Ohio Revised Code Chapter 1726 requires our office to submit Articles of Incorporation, or any amendment or amendments thereof, to the attorney general for examination. This process will require an extra 5-7 days to process the document. In addition, ORC 1726.11 requires a community development corporation to submit an annual financial report to the auditor of state within one hundred twenty days following the last day of the corporation's fiscal year.

**Note**

Our office cannot file or record a document which contains a Social Security number or tax identification number. Please do not enter a Social Security number or tax identification number, in any format, on this form.