900654499 11/05/2021

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1 Stylesheet Version v1.2 ETAS ID: TM686087

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	ENTITY CONVERSION

CONVEYING PARTY DATA

Name	Formerly	Execution Date	Entity Type
Newton Software, Inc.		03/21/2019	Corporation: OHIO

RECEIVING PARTY DATA

Name:	Newton Software, LLC	
Street Address:	4811 Montgomery Street	
City:	Cincinnati	
State/Country:	OHIO	
Postal Code:	45212	
Entity Type:	Limited Liability Company: OHIO	

PROPERTY NUMBERS Total: 1

Property Type	Number	Word Mark
Registration Number:	5543874	GROUNDWORX

CORRESPONDENCE DATA

Fax Number: 3177133699

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: 3177133412

Email: twagner@taftlaw.com

Correspondent Name: Tiffini Wagner

Address Line 1: One Indiana Square

Address Line 2: Suite 3500

Address Line 4: Indianapolis, INDIANA 46204

NAME OF SUBMITTER:	Tiffini Wagner
SIGNATURE:	/ Tiffini Wagner /
DATE SIGNED:	11/05/2021

Total Attachments: 10

source=Newton Software, Inc. Conversion Filing to Newton Software, LLC 03.21.2019 PAY05-GN001#page1.tif source=Newton Software, Inc. Conversion Filing to Newton Software, LLC 03.21.2019 PAY05-GN001#page2.tif source=Newton Software, Inc. Conversion Filing to Newton Software, LLC 03.21.2019 PAY05-GN001#page3.tif source=Newton Software, Inc. Conversion Filing to Newton Software, LLC 03.21.2019 PAY05-GN001#page4.tif source=Newton Software, Inc. Conversion Filing to Newton Software, LLC 03.21.2019 PAY05-GN001#page5.tif

TRADEMARK REEL: 007485 FRAME: 0121 source=Newton Software, Inc. Conversion Filing to Newton Software, LLC 03.21.2019 PAY05-GN001#page6.tif source=Newton Software, Inc. Conversion Filing to Newton Software, LLC 03.21.2019 PAY05-GN001#page7.tif source=Newton Software, Inc. Conversion Filing to Newton Software, LLC 03.21.2019 PAY05-GN001#page8.tif source=Newton Software, Inc. Conversion Filing to Newton Software, LLC 03.21.2019 PAY05-GN001#page9.tif source=Newton Software, Inc. Conversion Filing to Newton Software, LLC 03.21.2019 PAY05-GN001#page10.tif

TRADEMARK REEL: 007485 FRAME: 0122



DATE 03/22/2019 DOCUMENT ID 201908100072

DESCRIPTION
Conversion Within SOS Records (CVS)

FILING 99.00 EXPED 200.00

CERT COPY 0.00 0.00

Receipt

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

CORPORATION SERVICE COMPANY DEANNE E. SCHAUSEIL 50 WEST BROAD STREET - SUITE 1330 COLUMBUS, OH 43215

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Frank LaRose 2445521

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

NEWTON SOFTWARE, LLC

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

Document(s)

Document No(s):

201908100072

Conversion Within SOS Records

Effective Date: 03/21/2019

CHANGE BUSINESS TYPE DOM, PROFIT LIM, LIAB, CO.



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 22nd day of March, A.D. 2019.

Fit flow

Ohio Secretary of State

TRADEMARK
REEL: 007485 FRAME: 0123

Form 700 Prescribed by:



Toff Free: (877) SOS-FILE (877-767-3453) Central Otto: (614) 466-3910

www.OidoSecretagofSiele.gov bussen@OtdoSecretagofSiete.gov

Plie online or for more information; want OHBusinessCentral com-

For screen readers, follow instructions located at this path,

lell this form to one of the following:

Regular Filing (non-separal P.O. Box 1329 Colombia: Col. 22235

Expedite Filing (Two business day processing time Faculties on additional \$100.000

P.O. Box 1390

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

Filing Fee: \$99 Form Must Be Typed

(UNEUN	UNLI	UNE	(7)	BUX)

MAR 2 2019 MAR 21 PH 3: 25 CHT SERVICE CENTER OF STATE OF STATE
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Form 700

Page 3 of 9

Last Revised: 10/01/2017

TRADEMARK

Name of the converted entity	Newton Software, LLC			
Jurisdiction of Formation	Ohio			
he converted entity is a: Check Only (1) One Box)				
☐ Domestic For-Profit Cor	poration	•		
Domestic Professional	Association	•		
Foreign Nonprofit Corpo	pration			
Foreign For-Profit Corpo	oration	☐ Partnership)	
☐ Domestic Nonprofit Lim			imited Partnership	
Foreign Nonprofit Limite		Foreign Lin	nited Partnership	
☑ Domestic For-Profit Lim			Carried and an artist of the second of the	
•	• •	☐ Foreign Lin	nited Liability Partnership	
Foreign For-Profit Limite	o Liability Company			
Optional) ame and address of the person	(The conversion is effective upon specified in the certificate) or entity that will provide a copy of	÷.		
Optional) ame and address of the person equest.	specified in the certificate)	÷.		
Optional) ame and address of the person quest. Paycor, Inc. Name	specified in the certificate)	÷.		
optional) ame and address of the person quest. Paycor, Inc.	specified in the certificate)	÷.		
ptional) ame and address of the person quest. Paycor, Inc. Name 4811 Montgomery Road	specified in the certificate)	÷.		
Optional) ame and address of the person equest. Paycor, Inc. Name 4811 Montgomery Road Mailing Address	specified in the certificate)	the declaration of con	version upon written	
Diptional) lame and address of the person equest. Paycor, Inc. Name 4811 Montgomery Road Mailing Address Cincinnati City	specified in the certificate)	the declaration of con	version upon written 45212 Zip Code	
Deptional) Jame and address of the person equest. Paycor, Inc. Name 4811 Montgomery Road Mailing Address Cincinnati City equired information that must the converting entity is a domest	specified in the certificate) or entity that will provide a copy of	Ohio State te if box 2 is checked	version upon written 45212 Zip Code	
Deptional) lame and address of the person equest. Paycor, Inc. Name 4811 Montgomery Road Mailing Address Cincinnati City equired information that must the converting entity is a domest ddress of the statutory agent upo	specified in the certificate) or entity that will provide a copy of accompany conversion certification or foreign entity that will not be in	Ohio State te if box 2 is checked	version upon written 45212 Zip Code	
Paycor, Inc. Name 4811 Montgomery Road Mailing Address Cincinnati City equired information that must the converting entity is a domest ddress of the statutory agent upo	specified in the certificate) or entity that will provide a copy of accompany conversion certification or foreign entity that will not be in	Ohio State te if box 2 is checked	version upon written 45212 Zip Code	

Form 700

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Last Revised: 10/01/2017

nas the requisite authority to e	
Required	Wewton Software Inc
Must be signed by an authorized representative.	Signature
	Margaret M Prepulis
	By (if applicable)
	Margaret M Reynolds
·	Print Name
· ·	
	Signature
	By (if applicable)
	S) (ii applicable)
	Disk
	Print Name
	Signature
	By (if applicable)
	Print Name

Newton Software, Inc.

AFFIDAVIT

In lieu of dissolution releases from various governmental authorities.

The undersigned, being first duly sworn, declares that on t agencies was advised IN WRITING of the scheduled date acknowledgement by the corporation of the applicability of	of filing of the Certificate and was a	dvised IN WRITING of the
Agency Ohio Bureau of Workers' Compensation 30 W. Spring Street Columbus, Ohio 43215 Date Notified (MM/DD/YYYY) 01/31/2019	Agency Ohio Job & Family Services Status and Liability Section Data Correspondence Control Fax: 614-752-4811 Phone: 614-468-2319	Date Notifie (MM/DD/YYYY 01/31/20
* Only required for domestic for-profit corporations	Overnight Address: P.O. Box 182413 Columbus, OH 43218-2413	Regular Address: P.O. Box 182413 Columbus, OH 43218-2413
Agency Ohio Department of Taxation Taxpayer Services/Tax Release Unit P.O. Box 182382 Columbus, OH 43218-2382 Dissolution@tax.state.oh.us	The corporation is not rec department of taxation hat personal property tax.	uired to pay or the is not assessed any
 Complete this date notified field only if the corporation is a domestic non-profit corporation or foreign corporation. Note: Domestic for-profit corporations must submit with this filling a Certificate of Tax Clearance issued by the Ohio Department of Taxation. 		
Note: This affidavit must be signed by one or more persons Signature Mayant Miluyard Marganet M Playedds Name	Title VP, Control	-
4811 Montgomery Road Mailing Address		
-		45212
City	Ohk State	

Form 700

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Last Revised: 10/01/2017

TRADEMARK REEL: 007485 FRAME: 0127

AFFIDAVIT OF PERSONAL PROPERTY

The second secon	
State of Ohio	
County of Hamilton	
11.00	
Margaret M Reynolds Name of Officer	
Thank or or or or	
VP, Controller of	Newton Software, Inc.
Title of Officer	Name of Corporation
	Same a corporazon
and that this affidavit is made in compliance with Ohio Rev	rised Code Section 1701,86(H)
That above-named corporation: (Check one (1) of the fo	Nicorina)
☑Has no personal property in any county in Ohio	
Is the type required to pay personal property ta	ives to state authorities only
· · · · · · · · · · · · · · · · · · ·	soo to deale authorities only
☐Has personal property in the following county (ies)
Country	
County County	County
	· ·
signature Mayaut Muynda	Title VP, Controller
	ti-
Swom to and subscrib	ed in my presence on this date (MM/DD/YYYY) 01/31/2019
ALLISON WHITMORE	
Motory Public, State of Ohio My Commission Empires 12-05-2022	
any Commission Education	
TE OF O	
**************************************	Alles K Will
	Notary Public
	Date Commission Expires (MM/DD/YYYY) 12-05-2002

Form 700

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Last Revised: 10/01/2017

Ohio Department of Taxation

PO Box 182382 Columbus, OH 43218-2382 tax.ohio.gov

distribution of the control of the c

March 13, 2019 Contact ID: 9823477543

RE: Certificate of Tax Clearance Entity Name: Newton Software Inc Ohio Charter # 2445521 Certificate Issue Date: 03/13/2019

This certificate confirms the above-referenced entity filed all tax returns and paid in full all taxes and fees administered by the Tax Commissioner through the certificate issue date referred to above.

This certificate does not preclude the Department from issuing a bill and/or assessment against the entity for any tax returns and/or tax liabilities and fees that become due after the certificate issue date. Also, this certificate does not preclude the Department from conducting an examination or audit for any period ending prior to the date this certificate is filed with the Ohio Secretary of State.

This Certificate of Tax Clearance is valid for thirty (30) days from the certificate issue date and must be filed along with all forms prescribed by the Ohio Secretary of State.

Jeffrey A. McClain Tax Commissioner

If you have any questions, please contact us.

Tax Release Unit Phone: 1-855-995-4422 Fax: 1-206-984-0378 TTY/TDD: 1-800-750-0750

TRAT0001

1 of 1

Form 533A Prescribed by:



Excaption readers, follow instructions located at this

Articles of Organization for a Domestic Limited Liability Company

Filing Fee: \$99 Form Must Be Typed

GHECK ONLY ONE (1) BOX

(1)	Articles of Org	anization for Domestic led Liability Company
	(115-LCA)	

(2) Articles of Organization for Demes Monprofit Limited Liability Company (115-LOA)	lic /

	Plante must include one of the following wonds of abbreviations: "Similar liability company," "Similard." "LLC," "LLC," "Mr., "or "No".
Sptional:	Effective Date (NAMCOVYYY) (The legal existence of the corporation begins upon filing of the artistee or on a later date specified that more than ninety days after filing.)
ptional:	This limited liability company shall exist for Perpetual Period of Existence
Optional:	Purpese
	The purpose of this Limited Liability Company is to engage in any lawful activity for which a Limited Liability Company may be organized in Ohio.
	conprofit LLCs

533A

be provided. **

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Last Revised: 10/01/2017

TRADEMARK

Original Appointment of Statutory Agent								
The undersigned authorized member(s), manager(s) or representative(s) of								
		•						
Newton Software	, LLC							
	(Name of Limited Liability Company)							
hereby appoint the statute to be serve	e following to be Statutory Agent upon whom any process, noticed upon the corporation may be served. The complete address	ce or demand requ of the agent is:	uired or permitted by					
Corporation	Service Company							
(Name of Statute	ory Agent)							
50 West Broa	ad Street, Suite 1330							
(Mailing Address	s)							
Columbus		он.	43215					
(Mailing City)		(Mailing State)	(Mailing ZIP Code)					
	Acceptance of Appointment	·						
	·							
The Undersigned,	Corporation Service Company		named herein as the					
The ondersigned,	(Name of Statutory Agent)] , named herein as the					
Statutory agent for	Newton Software, LLC		·					
olatory agent for	(Name of Limited Liability Company)							
hereby acknowledges and accepts the appointment of statutory agent for said limited liability company.								
Statutory Agent Signature Corporation Service Company								
(Individual Agent's Signature on Behalf of Business Serving as Agent)								
Elizabeth A. Smith, Assistant Vice President								

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RECORDED: 11/05/2021

