

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

ETAS ID: TM700147

SUBMISSION TYPE:	RESUBMISSION
NATURE OF CONVEYANCE:	ENTITY CONVERSION
RESUBMIT DOCUMENT ID:	900660019

CONVEYING PARTY DATA

Name	Formerly	Execution Date	Entity Type
PQ Corporation		07/30/2021	Corporation: PENNSYLVANIA

RECEIVING PARTY DATA

Name:	PQ LLC
Street Address:	300 Lindenwood Drive
City:	Malvern
State/Country:	PENNSYLVANIA
Postal Code:	19355
Entity Type:	Limited Liability Company: PENNSYLVANIA

PROPERTY NUMBERS Total: 30

Property Type	Number	Word Mark
Registration Number:	0509700	A
Registration Number:	0509701	G
Registration Number:	0526917	GD
Registration Number:	0129525	K
Registration Number:	2573354	L
Registration Number:	0506736	M
Registration Number:	0506737	N
Registration Number:	0506738	O
Registration Number:	0507666	SS
Registration Number:	2569790	V
Registration Number:	2291491	ADVERA
Registration Number:	2626501	AGSIL
Registration Number:	0794289	BRITESIL
Registration Number:	3073593	BRITESORB
Registration Number:	2700135	COOL
Registration Number:	6075206	CURESIL
Registration Number:	2670146	ECODRILL
Registration Number:	0398704	KASIL

TRADEMARK

Property Type	Number	Word Mark
Registration Number:	1202446	KASOLV
Registration Number:	3288636	LITHISIL
Registration Number:	6165024	LUBRISAVE
Registration Number:	0898540	METSO
Registration Number:	0832792	METSO BEADS
Registration Number:	0872397	METSO PENTABEAD
Registration Number:	5243848	PQ
Registration Number:	1163243	
Registration Number:	4091844	PREXSIL
Registration Number:	3370531	SIL-MATRIX
Registration Number:	0510420	STARSO
Registration Number:	1196032	VALFOR

CORRESPONDENCE DATA

Fax Number: 4125621041

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: 4125621637

Email: vicki.cremonese@bipc.com

Correspondent Name: Michael L. Dever

Address Line 1: 501 Grant Street

Address Line 2: Suite 200

Address Line 4: Pittsburgh, PENNSYLVANIA 15219

ATTORNEY DOCKET NUMBER: 0068905-000023

NAME OF SUBMITTER: Michael L. Dever

SIGNATURE: /Michael L. Dever/

DATE SIGNED: 01/06/2022

Total Attachments: 7

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COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS
401 NORTH STREET, ROOM 206
P.O. BOX 8722
HARRISBURG, PA 17105-8722
WWW.CORPORATIONS.PA.GOV

CT Corporation System [
Counter Pickup
PA


PQ CORPORATION

The Bureau of Corporations and Charitable Organizations is happy to send your filed document. The Bureau is here to serve you and we would like to thank you for doing business in Pennsylvania.

If you have any questions pertaining to the Bureau, please visit our website at www.dos.pa.gov/BusinessCharities Or you may contact us by telephone at (717)787-1057. Information regarding business and UCC filings can be found on our searchable database at www.corporations.pa.gov/Search/CorpSearch .

Entity number : 279434

PENNSYLVANIA DEPARTMENT OF STATE
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS

<input type="checkbox"/> Return document by mail to: CT - COUNTER	Statement of Conversion DSCB:15-355 
Name: <u>13811360 Sp 1</u>	TML210730JD1644
Address: <u>alcoba.grimmes@wolterskluwer.com</u>	
City: _____ State: _____ Zip Code: _____	
<input checked="" type="checkbox"/> Return document by small to: _____	

Read all instructions prior.

Fee: \$70

In compliance with the requirements of the applicable provisions of 15 Pa.C.S. § 355 (relating to Statement of conversion), the undersigned association, desiring to effect a conversion, hereby states that:

A. For the converting association:

1. The name of the converting association is: PQ CORPORATION
2. The jurisdiction of formation of the converting association is: Pennsylvania

3. The type of association is (check only one):

- | | | |
|--|--|---|
| <input checked="" type="checkbox"/> Business Corporation | <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Business Trust |
| <input type="checkbox"/> Nonprofit Corporation | <input type="checkbox"/> Limited Liability (General) Partnership | <input type="checkbox"/> Professional Association |
| <input type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Limited Liability Limited Partnership | <input type="checkbox"/> Other _____ |

4. Date on which the association was created, incorporated, formed or otherwise came into existence:

04/16/1904
(MM/DD/YYYY)

5. If the converting association is a domestic filing association (a Pennsylvania business corporation, nonprofit corporation, limited partnership, limited liability company, professional association or business trust), the statute under which it was first created, incorporated, formed or otherwise came into existence:

Act of April 28, 1874
(ex. Business Corporation Law of 1988, Limited Liability Company Law of 1994, etc.)

PA DEPT OF STATE

JUL 30 2021

6. Check and complete one of the following addresses for the converting association.

<input checked="" type="checkbox"/>	<p>If the converting association is a domestic filing association, domestic limited liability partnership or registered foreign association, the current registered office address as on file with the Department of State. <i>Complete part (a) OR (b) – not both:</i></p> <p>(a) _____ <small style="display: inline-block; width: 100%; text-align: center;">Number and street City State Zip County</small></p> <p>(b) c/o: <u>COGENCY GLOBAL INC.</u> <u>Dauphin</u> <small style="display: inline-block; width: 100%; text-align: center;">Name of Commercial Registered Office Provider County</small></p>
<input type="checkbox"/>	<p>If the converting association is a domestic association that is <i>not</i> a domestic filing association or limited liability partnership, the address, including street and number, if any, of its principal office:</p> <p>_____</p> <small style="display: inline-block; width: 100%; text-align: center;">Number and street City State Zip County</small>
<input type="checkbox"/>	<p>If the converting association is a nonregistered foreign association, the address, including street and number, if any, of its registered or similar office, if any, required to be maintained by the law of its jurisdiction of formation; or if it is not required to maintain a registered or similar office, its principal office:</p> <p>_____</p> <small style="display: inline-block; width: 100%; text-align: center;">Number and street City State Zip</small>

B. For the converted association:

1. The name of the converted association is: PQ LLC

2. The jurisdiction of formation of the converted association is: Pennsylvania

3. The type of association is (check only one):

<input type="checkbox"/> Business Corporation	<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Business Trust
<input type="checkbox"/> Nonprofit Corporation	<input type="checkbox"/> Limited Liability (General) Partnership	<input type="checkbox"/> Professional Association
<input checked="" type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Limited Liability Limited Partnership	<input type="checkbox"/> Other _____

4. Check and complete one of the following addresses for the converted association.

<input checked="" type="checkbox"/>	<p>If the converted association is a domestic filing association, domestic limited liability partnership or registered foreign association, its registered office address. Complete part (a) OR (b) - not both:</p> <p>(a) _____ Number and street City State Zip County</p> <p>(b) <i>d/a</i>: COGENCY GLOBAL INC. Dauphin Name of Commercial Registered Office Provider County</p>
<input type="checkbox"/>	<p>If the converted association is a domestic association that is <i>not</i> a domestic filing association or limited liability partnership, the address, including street and number, if any, of its principal office:</p> <p>_____ Number and street City State Zip County</p>
<input type="checkbox"/>	<p>If the converted association is a nonregistered foreign association, complete both (1) and (2).</p> <p>(1) The address, including street and number, if any, of its registered or similar office, if any, required to be maintained by the law of its jurisdiction of formation; or if it is not required to maintain a registered or similar office, its principal office address:</p> <p>_____ Number and street City State Zip</p> <p>(2) The name and address, including street and number, of its registered agent:</p> <p>_____ Name of Registered Agent</p> <p>_____ Number and street City State Zip</p>

C. Effective date of statement of conversion (check, and if appropriate complete, one of the following):

- This Statement of Conversion shall be effective upon filing in the Department of State.
- This Statement of Conversion shall be effective on: 08/01/2021 at 9:05 am
 Date (MM/DD/YYYY) Hour (if any)

D. Approval of conversion by converting association (check only one):

- For converting association that is a domestic entity - The plan of conversion was approved in accordance with 15 Pa.C.S. Chapter 3, Subchapter E (relating to conversion).
- For converting association that is a foreign association - The conversion was approved in accordance with the law of the jurisdiction of formation of the converting association.

E. Attachments (see Instructions for required and optional attachments).


IN TESTIMONY WHEREOF, the undersigned converting association has caused this Statement of Conversion to be signed by a duly authorized officer thereof this 30th day of July, 2021.

PQ Corporation
Name of Converting Association

[Signature]
Signature

Vice President, Secretary, and General Counsel
Title

PENNSYLVANIA DEPARTMENT OF STATE
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS

<input type="checkbox"/> Return document by mail to: <hr/> Name <hr/> Address <hr/> City State Zip Code <hr/> <input type="checkbox"/> Return document by email to: _____	<p>Certificate of Organization Domestic Limited Liability Company DSCB:15-8821 (rev. 2/2017)</p>  <p>8821</p>
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Read all instructions prior to completing. This form may be submitted online at <https://www.corporations.pa.gov/>.

Fee: \$125 I qualify for a veteran/reservist-owned small business fee exemption (see instructions)

In compliance with the requirements of 15 Pa.C.S. § 8821 (relating to certificate of organization), the undersigned desiring to organize a limited liability company, hereby certifies that:

1. The name of the limited liability company is: PQ LLC
(designator is required, e.g., "company," "limited" or "limited liability company" or any abbreviation thereof)

2. Complete part (a) or (b) -- not both:

(a) The address of this limited liability company's registered office in this Commonwealth is:
(post office box alone is not acceptable)

Number and Street	City	State	Zip	County
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(b) The name of this limited liability company's commercial registered office provider and county of venue is:

<u>c/o: DOGENY GLOBAL INC.</u>	<u>Dauphin</u>
Name of Commercial Registered Office Provider	County

3. The name of each organizer is *(all organizers must sign on page 2)*:

Michael E. Fink

4. Effective date of Certificate of Organization *(check, and if appropriate complete, one of the following)*:

The Certificate of Organization shall be effective upon filing in the Department of State.
 The Certificate of Organization shall be effective on: 08/01/2021 at 09:05 am
Date (MM/DD/YYYY) Hour (if any)

5. Restricted professional companies only.

Check the box if the limited liability company is organized to render a restricted professional service and check the type of restricted professional service(s).

The company is a restricted professional company organized to render the following restricted professional service(s):

- Chiropractic
- Dentistry
- Law
- Medicine and surgery
- Optometry
- Osteopathic medicine and surgery
- Podiatric medicine
- Public accounting
- Psychology
- Veterinary medicine

6. Benefit companies only.

Check the box immediately below if the limited liability company is organized as a benefit company:

This limited liability company shall have the purpose of creating general public benefit.

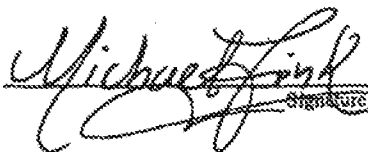
Optional specific public benefit purpose. Check the box immediately below if the benefit company is organized to have one or more specific public benefits and supply the specific public benefit(s). See instructions for examples of specific public benefit.

This limited liability company shall have the purpose of creating the enumerated specific public benefit(s):

7. For additional provisions of the certificate, if any, attach 8 1/2 x 11 sheet(s).

IN TESTIMONY WHEREOF, the organizer(s) has (have) executed this Certificate of Organization this

30th day of July, 2021



Signature

Signature