

## TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1  
Stylesheet Version v1.2

ETAS ID: TM713938

<b>SUBMISSION TYPE:</b>	NEW ASSIGNMENT		
<b>NATURE OF CONVEYANCE:</b>	CHANGE OF NAME		
<b>CONVEYING PARTY DATA</b>			
<b>Name</b>	<b>Formerly</b>	<b>Execution Date</b>	<b>Entity Type</b>
Hubbell Lighting, Inc.		02/01/2022	Corporation: CONNECTICUT
<b>RECEIVING PARTY DATA</b>			
<b>Name:</b>	HLI Solutions, Inc.		
<b>Street Address:</b>	1975 Noble Road		
<b>City:</b>	East Cleveland		
<b>State/Country:</b>	OHIO		
<b>Postal Code:</b>	44112		
<b>Entity Type:</b>	Corporation: CONNECTICUT		
<b>PROPERTY NUMBERS Total: 1</b>			
<b>Property Type</b>	<b>Number</b>	<b>Word Mark</b>	
<b>Serial Number:</b>	90401712	PRELUDE	
<b>CORRESPONDENCE DATA</b>			
<b>Fax Number:</b>	7036217155		
<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>	703-621-7140 ex. 148		
<b>Email:</b>	nmd@mg-ip.com, mailroom@mg-ip.com		
<b>Correspondent Name:</b>	Roberta S Bren & Muncy, Geissler, et al.		
<b>Address Line 1:</b>	4000 Legato Road, Suite 310		
<b>Address Line 4:</b>	Fairfax, VIRGINIA 22033		
<b>NAME OF SUBMITTER:</b>	Roberta S. Bren		
<b>SIGNATURE:</b>	/Roberta S. Bren/		
<b>DATE SIGNED:</b>	03/11/2022		
<b>Total Attachments: 2</b>			
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source=0010479704 - Certificate of Amendment#page2.tif			

OP \$40.00 90401712



# Secretary of the State of Connecticut

PHONE: 860-509-6003 • EMAIL: [crd@ct.gov](mailto:crd@ct.gov) • WEB: [www.concord-sots.ct.gov](http://www.concord-sots.ct.gov)

OFFICE USE ONLY  
*(label)*

## CERTIFICATE OF AMENDMENT STOCK CORPORATION

- Use ink. • Print or type.
- Attach additional 8 1/2 x 11 sheets if necessary

<b>FILING PARTY</b> <i>(confirmation will be sent to this address):</i> NAME: Hubbell Lighting, Inc. ADDRESS: 1975 Noble Road CITY: East Cleveland STATE: Ohio ZIP: 44112		<b>FILING FEE: \$100.00</b> <i>Make checks payable to "Secretary of the State"</i>
<b>1. NAME OF CORPORATION</b> <i>(required)</i> <i>(must exactly match the name on record with our office, including the business designation, (e.g., Inc., Corp, Corporation, etc):</i> Hubbell Lighting, Inc.		
<b>2. STATEMENT OF AMENDMENT</b> <i>(required)</i> <i>(check only one of the following statements, 2A, 2B, or 2C)</i>		
<b>THE CERTIFICATE OF INCORPORATION IS:</b> <input checked="" type="checkbox"/> <b>2A AMENDED ONLY.</b> <i>In section 3A below, provide the full text of any amendments to the corporation's certificate of incorporation, including any name changes.</i> <input type="checkbox"/> <b>2B AMENDED AND RESTATED.</b> <i>In section 3A below, provide the full text of each amendment <u>and</u> attach a complete restatement of the corporation's certificate of incorporation, incorporating the amendments.</i> <input type="checkbox"/> <b>2C RESTATED.</b> <i>Attach one document consolidating all previous amendments into the corporation's Certificate of Incorporation.</i>		
<b>3. CHECK THE BOX 3A, 3B ON THE NEXT PAGE, OR BOTH, AS APPLICABLE</b>		
<input checked="" type="checkbox"/> <b>3A TEXT OF AMENDMENTS / SPECIFIC PUBLIC BENEFITS</b> <i>(if electing Benefit Corporation status in Section 3B on the next page, provide the text of the specific public benefits here, if any.)</i>  RESOLVED, that Paragraph 1 of the Corporation's Certificate of Incorporation be amended to read in its entirety as follows:  "1. The name of the corporation is HLI Solutions, Inc."		
<input type="checkbox"/> <i>check box if additional pages are attached</i>		

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**3B. STATEMENT ELECTING BENEFIT CORPORATION STATUS**  
(Must check box 3B to elect benefit corporation status)

The corporation elects to be a Benefit Corporation. In addition to the stated purposes for which the corporation is formed, the corporation shall also have the purpose to create a general public benefit as defined in the Connecticut Benefit Corporation Act.

**NOTE:** If the Benefit Corporation adopts one or more specific public benefits in addition to the required general public benefit, check box 3A in addition to 3B, and set forth the specific public benefits in the space provided for in section 3A above.

**4. STATEMENT OF APPROVAL (required)** (must check the box for only one statement, 4A, 4B, 4C or 4D)

- 4A** THE AMENDMENT WAS APPROVED BY SHAREHOLDERS IN THE MANNER REQUIRED BY SECTIONS 33-600 TO 33-998 OF THE CONNECTICUT GENERAL STATUTES, AND BY THE CERTIFICATE OF INCORPORATION.
- 4B** THE AMENDMENT WAS APPROVED BY THE INCORPORATORS. NO SHAREHOLDER APPROVAL WAS REQUIRED.
- 4C** THE AMENDMENT WAS APPROVED BY THE BOARD OF DIRECTORS. NO SHAREHOLDER APPROVAL WAS REQUIRED.
- 4D** THE AMENDMENT WAS APPROVED BY A MINIMUM STATUS VOTE, AS REQUIRED BY THE CONNECTICUT BENEFIT CORPORATION ACT. SELECT D IF A MINIMUM STATUS VOTE RESULTED IN THE ELECTION OF BENEFIT CORPORATION STATUS.

**5. EXECUTION/SIGNATURE (required)** (subject to penalty of false statement)

DATE (mm/dd/yyyy): 02 / 01 / 2022

NAME OF SIGNATORY (print or type)	CAPACITY/TITLE OF SIGNATORY (print or type)	SIGNATURE
Inger Eckert	Vice President and Corporate Secretary	