## TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1 Stylesheet Version v1.2 ETAS ID: TM717132

| SUBMISSION TYPE:      | RESUBMISSION |
|-----------------------|--------------|
| NATURE OF CONVEYANCE: | MERGER       |
| EFFECTIVE DATE:       | 05/10/2013   |
| RESUBMIT DOCUMENT ID: | 900669733    |

#### **CONVEYING PARTY DATA**

| Name                     | Formerly | Execution Date | Entity Type                            |
|--------------------------|----------|----------------|--|
| Georg Fischer Sloane LLC |          | 04/23/2013     | Limited Liability Company:<br>ARKANSAS |

#### **RECEIVING PARTY DATA**

| Name:           | Georg Fischer Harvel LLC                |
|-----------------|---|
| Street Address: | 300 Kuebler Road                        |
| City:           | Easton                                  |
| State/Country:  | PENNSYLVANIA                            |
| Postal Code:    | 18040                                   |
| Entity Type:    | Limited Liability Company: PENNSYLVANIA |

#### **PROPERTY NUMBERS Total: 1**

| Property Type        | Number  | Word Mark |
|----------------------|---------|-----------|
| Registration Number: | 1714668 | CONTAINIT |

#### **CORRESPONDENCE DATA**

Fax Number: 2038650297

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: 2037776628

Email: docket@bachlap.com

William B. Slate **Correspondent Name:** 

Address Line 1: 900 Chapel Street, Suite 1201

Address Line 4: New Haven, CONNECTICUT 06510

| ATTORNEY DOCKET NUMBER: | 09-161T            |
|-------------------------|--------------------|
| NAME OF SUBMITTER:      | William B. Slate   |
| SIGNATURE:              | /William B. Slate/ |
| DATE SIGNED:            | 03/28/2022         |

### **Total Attachments: 5**

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> **TRADEMARK** REEL: 007663 FRAME: 0645 900684071

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Entity #: 4078820 Date Filed: 05/10/2013 Carol Aichele Secretary of the Commonwealth

# PENNSYLVANIA DEPARTMENT OF STATE CORPORATION BUREAU

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

| Name CT - Counter  |   |  | be returned to s<br>ress you enter to  |  |
|--|---|--|--|--|
| Address  |   | <b>-</b>   ← ',  |  |  |
| City 8763-5145   | SO 1  |  | mmonwealth of<br>TIFICATE OF ME  | Pennsylvania<br>ERGER 3 Page(s)  |
| \$150 plus \$40 additional for each  | party   |  | T1313360   | )<br>013   |
| In compliance with the requirements d liability company(s), desiring to eff  |   |  | erger or consoli   | dation), the under   |
| The name of the limited liability c<br>Georg Fischer Harvel LLC  | ompany surviving the merge  | r or consolidation is:   |  |  |
|  | ompany is a domestic limited  |  |  |  |
| <ol> <li>Check and complete one of the fold</li> <li>The surviving limited liability of registered office in this Common venue is (the Department is here Department):         <ul> <li>(a) Number and Street</li> </ul> </li> </ol>   | ompany is a domestic limited nwealth or (b) name of its co  | mmercial registered o<br>following information   | ffice provider as<br>to conform to t   | nd the county of   |
| The surviving limited liability or registered office in this Common venue is (the Department is here Department):  | ompany is a domestic limited<br>newealth or (b) name of its comby<br>authorized to correct the<br>City  | mmercial registered o<br>following information   | ffice provider at to conform to t  | nd the county of<br>he records of the  |
| The surviving limited liability or registered office in this Common venue is (the Department is here Department):  (a) Number and Street  (b) Name of Commercial Regist c/o: C T Corporation System  The surviving limited liability or  | ompany is a domestic limited newealth or (b) name of its cooled authorized to correct the City  cred Office Provider  ompany is a qualified foreign current registered office in the ovider and the county of veri  | mmercial registered of following information  State 2  limited liability compais Commonwealth or one is (the Department)                   | ffice provider as to conform to the conformation to | nd the county of the records of the County County Dauphin der the laws of                                    |
| The surviving limited liability or registered office in this Common venue is (the Department is here Department):  (a) Number and Street  (b) Name of Commercial Regist c/o: C T Corporation System  The surviving limited liability or and the (a) address of its commercial registered office profollowing information to conformation to co | company is a domestic limited newealth or (b) name of its country authorized to correct the City  cred Office Provider  company is a qualified foreign current registered office in the country of very me to the records of the Department of the City   | mmercial registered of following information  State Z  I limited liability compais Commonwealth or use is (the Department priment):        | ffice provider as to conform to to to conform to to tip  Zip  pany formed un  (b) name of its is hereby autho  | nd the county of the records of the County  County  Dauphin  der the laws of rized to correct the            |
| The surviving limited liability or registered office in this Common venue is (the Department is here Department):  (a) Number and Street  (b) Name of Commercial Regist c/o: C T Corporation System  The surviving limited liability or and the (a) address of its commercial registered office prefollowing information to confor (a) Number and Street  (b) Name of Commercial Registered (b) Name of Commercial Registered (c/o:  | company is a domestic limited newealth or (b) name of its cool by authorized to correct the City  cred Office Provider  company is a qualified foreign current registered office in the ovider and the county of verification to the records of the Department of the Provider city  stered Office Provider | mmercial registered of following information  State 2  I limited liability compais Commonwealth or use is (the Department prement):  State | ffice provider as to conform to to conform to to conform to to to conform to to to conform to to to conform to to conform to to conform to to conform to to company formed unto the company formed company formed company formed to company for company formed to company for company for company for company for company form | nd the county of the records of the County County Dauphin der the laws of rized to correct the County County |

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PA DEPT OF STATE

TRADEMARK REEL: 007663 FRAME: 0647

| Name  | Registered Offi  | ce Address  | Con   | nmercial Registered   | Office Provider  | County<br>Dauphin  |
|---|--|---|---|---|--|--|
| Georg Fi  | scher Sloan  | e LLC -   | Not o   | qualified   |  |  |
|   |  |   |   |   |  |  |
| The plan of n   | appropriate complete   |   | _   | on filing these Articl  | es of Merger in the  | Department of  |
| State.  The plan of n   | nerger or consolidatio   | on shall be eff   | ective on   | Date Hour   |  |  |
| The manner in follows:  | which the plan of me   | erger or consc  | olidation v                                       | vas adopted by each   | domestic limited li  | ability company is   |
| Name of Limi  | ted Liability Compan   |   | by the me   | Manner of Adop  |  | C.S. Section 8957(g  |
|   |  |   |   |   |  |  |
| The plan was a  | paragraph if no fore<br>uithorized, adopted o<br>lited liability compan  | r approved, a   | s the case  | may be, by the forei  | ign limited liability  | company (or each o   |
|   |  | , one of the fo   | llowing:  |   |  |  |
|   | appropriate complete   | -   |   |   |  |  |
| The plan of n  Pursuant to 1 provisions, if Organization forth in full in | appropriate complete<br>nerger or consolidation<br>5 Pa.C.S. § 8958 (b)<br>any, of the plan of m<br>of the surviving limin<br>a Exhibit A attached<br>the principal place of l | on is set forth<br>(relating to or<br>nerger or cons<br>ted liability of<br>hereto and ma | mission o<br>colidation<br>ompany a<br>ade a part | certain provisions of<br>that amend or consti<br>s in effect subsequent<br>hereof. The full tex | of plan of merger or<br>itute the operative C<br>at to the effective d<br>t of the plan of mer | consolidation) the<br>Certificate of<br>ate of the plan are so<br>ger or consolidation |

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TRADEMARK
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DSCB: 15-8958-3

| 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 |
|---|
| 23rd day of April 2013  |
| Georg Fischer Harvel LLC,<br>a Pennsylvania limited liability company   |
| Name of Limited Liability Company   |
| 9 flum  |
| Signature   |
| Christof Blumer, Manager  |
| Title Georg Fischer Sloane LLC, an Arkansas limited liability company   |
| Name of Limited Liability Company   |
| Signature   |
| Christof Blumer, Manager  |
| Title   |
|   |

PA656 - 03/04/2011 C T System Online

RECORDED: 01/14/2022 REEL: 007663 FRAME: 0649