

## TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1  
Stylesheet Version v1.2

ETAS ID: TM718835

<b>SUBMISSION TYPE:</b>	CORRECTIVE ASSIGNMENT
<b>NATURE OF CONVEYANCE:</b>	Corrective Assignment to correct the Prior erroneous recordation of the conversion with respect to Registration No. 2701562 previously recorded on Reel 007010 Frame 0591. Assignor(s) hereby confirms the Entity Conversion.

## CONVEYING PARTY DATA

Name	Formerly	Execution Date	Entity Type
Ali Industries, Inc.		07/29/2020	Corporation: OHIO

## RECEIVING PARTY DATA

<b>Name:</b>	Ali Industries, LLC
<b>Street Address:</b>	747 East Xenia Drive
<b>City:</b>	Fairborn
<b>State/Country:</b>	OHIO
<b>Postal Code:</b>	45324
<b>Entity Type:</b>	Limited Liability Company: OHIO

## PROPERTY NUMBERS Total: 55

Property Type	Number	Word Mark
Registration Number:	5712536	PATCHMAX
Registration Number:	5328100	PROJECT DIY
Registration Number:	5301537	SAND WITH CONFIDENCE
Registration Number:	5328035	POWERING AMERICAN INDUSTRY SINCE 1885
Registration Number:	4631243	PAINT AUTOMOTIVE FINISHING SYSTEM
Registration Number:	4616474	PRIME AUTOMOTIVE FINISHING SYSTEM
Registration Number:	4616472	PREP AUTOMOTIVE FINISHING SYSTEM
Registration Number:	4616469	PREP AUTOMOTIVE FINISHING SYSTEM
Registration Number:	4616468	POLISH AUTOMOTIVE FINISHING SYSTEM
Registration Number:	4616467	POLISH AUTOMOTIVE FINISHING SYSTEM
Registration Number:	4616463	PAINT AUTOMOTIVE FINISHING SYSTEM
Registration Number:	4998299	OUR BEST OUTLASTS THE REST
Registration Number:	5014904	SOFTEDGE
Registration Number:	5062427	SILICACUT
Registration Number:	4998153	ALUMINEXT
Registration Number:	5021924	
Registration Number:	5053100	CERAMAX

OP \$1390.00 5712536

<b>Property Type</b>	<b>Number</b>	<b>Word Mark</b>
<b>Registration Number:</b>	4798615	G2 CUTTING-EDGE ABRASIVES
<b>Registration Number:</b>	4575386	DUOCUT
<b>Registration Number:</b>	4468005	CUT & GRIND
<b>Registration Number:</b>	4450234	DURA GRIND
<b>Registration Number:</b>	4442637	THIN CUT
<b>Registration Number:</b>	4442636	DURACUT
<b>Registration Number:</b>	4134467	4X PERFORMANCE & LIFE GUARANTEE
<b>Registration Number:</b>	4005224	G2
<b>Registration Number:</b>	4001495	GATOR ULTRA POWER
<b>Registration Number:</b>	4001497	AUTOZIP
<b>Registration Number:</b>	4001494	GATOR POWER
<b>Registration Number:</b>	3141753	PROFESSIONAL ALI-GATOR-GRIT
<b>Registration Number:</b>	3076239	GATORGRIT
<b>Registration Number:</b>	2869788	SANDS FASTER LASTS LONGER
<b>Registration Number:</b>	2917276	POWER PLUS+
<b>Registration Number:</b>	2910422	FLEXPLUS+
<b>Registration Number:</b>	2994153	PREMIUM PLUS
<b>Registration Number:</b>	2812844	THE BLACK BELT
<b>Registration Number:</b>	3858748	PROFESSIONAL RESULTS MADE EASY
<b>Registration Number:</b>	3769841	ALI
<b>Registration Number:</b>	3756586	FINISH 1ST
<b>Registration Number:</b>	3724364	PREMIUM X
<b>Registration Number:</b>	3717486	BLACK ZIRCONIUM
<b>Registration Number:</b>	3586628	GATORBLADE
<b>Registration Number:</b>	3730408	ZIP SANDER
<b>Registration Number:</b>	3495126	GATOR FINISHING PRODUCTS
<b>Registration Number:</b>	3381310	ONE TOUGH SANDPAPER. ONE SMOOTH FINISH.
<b>Registration Number:</b>	2634547	TOUGH BOND
<b>Registration Number:</b>	2710561	GATORGRIT
<b>Registration Number:</b>	2529219	COMFORT GRIP
<b>Registration Number:</b>	2423940	RED FLEX
<b>Registration Number:</b>	2423939	GOLD FLEX
<b>Registration Number:</b>	2261189	CUTS FASTER LASTS LONGER
<b>Registration Number:</b>	2543721	RED RESIN
<b>Registration Number:</b>	2330745	
<b>Registration Number:</b>	2060723	ALI
<b>Registration Number:</b>	1070908	SAN-BUF
<b>Registration Number:</b>	1017193	ALI-GATOR-GRIT

**CORRESPONDENCE DATA****Fax Number:** 9372236705*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:** (937) 449-5792**Email:** collier@coollaw.com**Correspondent Name:** Rebecca A. Collier**Address Line 1:** 33 W. First Street**Address Line 2:** Suite 600**Address Line 4:** Dayton, OHIO 45402

<b>NAME OF SUBMITTER:</b>	Rebecca A. Collier
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<b>SIGNATURE:</b>	/Rebecca A. Collier/
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<b>DATE SIGNED:</b>	04/04/2022
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**Total Attachments: 13**

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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 checked="" 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 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  (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.

Ali Industries, Inc.

Signature

/Gregory M. Ewers/

By (if applicable)

Gregory M. Ewers

Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name



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

## Articles of Organization for a Domestic Limited Liability Company

**Filing Fee: \$99**

**Form Must Be Typed**

**CHECK ONLY ONE (1) BOX**

(1)  Articles of Organization for Domestic For-Profit Limited Liability Company (115-LCA)

For-Profit Limited Liability Company (115-LCA)

(2)  Articles of Organization for Domestic Nonprofit Limited Liability Company (115-LCA)

Nonprofit Limited Liability Company (115-LCA)

Name of Limited Liability Company

(Name must include one of the following words or abbreviations: "limited liability company," "limited," "LLC," "L.L.C.," "Ltd.," or "Ltd.")

Optional: Effective Date (MM/DD/YYYY)  (The legal existence of the corporation begins upon the filing of the articles or on a later date specified that is not more than ninety days after filing.)

Optional: This limited liability company shall exist for  Period of Existence

Optional: Purpose

**\*\* Note for Nonprofit LLCs**  
The Secretary of State does not grant tax exempt status. Filing with our office is not sufficient to obtain state or federal tax exemptions. Contact the Ohio Department of Taxation and the Internal Revenue Service to ensure that the nonprofit limited liability company secures the proper state and federal tax exemptions. These agencies may require that a purpose clause be provided. \*\*

## Original Appointment of Statutory Agent

The undersigned authorized member(s), manager(s) or representative(s) of

Ali Industries, LLC

(Name of Limited Liability Company)

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:

Gregory M. Ewers

(Name of Statutory Agent)

33 W. First Street, Suite 600

(Mailing Address)

Dayton

(Mailing City)

OH

(Mailing State)

45402

(Mailing ZIP Code)

## Acceptance of Appointment

The Undersigned, Gregory M. Ewers, named herein as the  
(Name of Statutory Agent)

Statutory agent for Ali Industries, LLC  
(Name of Limited Liability Company)

hereby acknowledges and accepts the appointment of statutory agent for said limited liability company.

Statutory Agent Signature Gregory M. Ewers  
(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 a member, manager or other representative.

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

If the authorized representative 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.

/Gregory M. Ewers/

Signature

By (if applicable)

Gregory M. Ewers

Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name

Complete the information in this section.

### AFFIDAVIT

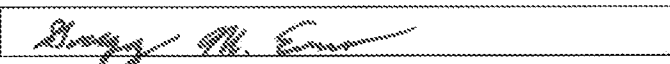
In lieu of dissolution releases from various governmental authorities.

ALI INDUSTRIES, INC.  
Name of Corporation

The undersigned, being first duly sworn, declares that on the dates indicated below, each of the named state governmental agencies was advised IN WRITING of the scheduled date of filing of the Certificate and was advised IN WRITING of the acknowledgement by the corporation of the applicability of the provisions of section 1701.95 of the ORC.

<p><b>Agency</b> Ohio Bureau of Workers' Compensation 30 W. Spring Street Columbus, Ohio 43215</p> <p><b>Date Notified</b> (MM/DD/YYYY) 07/24/2020</p> <p><small>* Only required for domestic for-profit corporations</small></p>	<p><b>Agency</b> Ohio Job &amp; Family Services Status and Liability Section Data Correspondence Control Fax: 614-752-4811 Phone: 614-466-2319</p> <p><b>Date Notified</b> (MM/DD/YYYY) 07/24/2020</p> <p><b>Overnight Address:</b> P.O. Box 182413 Columbus, OH 43218-2413</p> <p><b>Regular Address:</b> P.O. Box 182413 Columbus, OH 43218-2413</p>
<p><b>Agency</b> Ohio Department of Taxation Taxpayer Services/Tax Release Unit P.O. Box 182382 Columbus, OH 43218-2382 Dissolution@tax.state.oh.us</p> <p><b>Date Notified</b> (MM/DD/YYYY) 04/20/2020</p> <p><small>* 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 filing a Certificate of Tax Clearance issued by the Ohio Department of Taxation.</small></p>	<p><input type="checkbox"/> The corporation is not required to pay or the department of taxation has not assessed any personal property tax.</p>

**Note:** This affidavit must be signed by one or more persons executing the certificate or by an officer of the corporation.

Signature  Title Secretary

Gregory M. Ewers  
Name

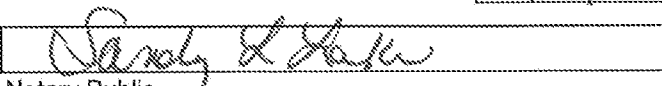
33 W. First Street, Suite 600  
Mailing Address

Dayton Ohio 45402  
City State ZIP Code

Seal Sworn to and subscribed in my presence on this date (MM/DD/YYYY) 07/24/2020



SANDY L LAKES, Notary Public  
In and for the State of Ohio  
My Commission Expires May 21, 2024

  
Notary Public

Date Commission Expires (MM/DD/YYYY) 05/21/2024