

## TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1  
Stylesheet Version v1.2

ETAS ID: TM739247

<b>SUBMISSION TYPE:</b>	RESUBMISSION		
<b>NATURE OF CONVEYANCE:</b>	ENTITY CONVERSION		
<b>RESUBMIT DOCUMENT ID:</b>	900694076		
<b>CONVEYING PARTY DATA</b>			
<b>Name</b>	<b>Formerly</b>	<b>Execution Date</b>	<b>Entity Type</b>
Premix, Inc.		04/15/2020	Corporation: OHIO
<b>RECEIVING PARTY DATA</b>			
<b>Name:</b>	LYB PREMIX LLC		
<b>Street Address:</b>	1221 McKinney Street		
<b>Internal Address:</b>	Suite 300		
<b>City:</b>	Houston		
<b>State/Country:</b>	TEXAS		
<b>Postal Code:</b>	77010		
<b>Entity Type:</b>	Limited Liability Company: OHIO		
<b>PROPERTY NUMBERS Total: 1</b>			
<b>Property Type</b>	<b>Number</b>	<b>Word Mark</b>	
<b>Registration Number:</b>	0933714	PREMI-GLAS	
<b>CORRESPONDENCE DATA</b>			
<b>Fax Number:</b>			
<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>Email:</b>	chiustm@ladas.net		
<b>Correspondent Name:</b>	Yi Yang		
<b>Address Line 1:</b>	224 S Michigan Ave, Suite 1600		
<b>Address Line 4:</b>	Chicago, ILLINOIS 60604		
<b>ATTORNEY DOCKET NUMBER:</b>	4T15675287		
<b>NAME OF SUBMITTER:</b>	Yi Yang		
<b>SIGNATURE:</b>	/Yi Yang/		
<b>DATE SIGNED:</b>	07/06/2022		
<b>Total Attachments: 13</b>			
source=Step 1 LYB Premix LLC notarized conversion certificate#page1.tif			
source=Step 1 LYB Premix LLC notarized conversion certificate#page2.tif			
source=Step 1 LYB Premix LLC notarized conversion certificate#page3.tif			
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source=Step 1 LYB Premix LLC notarized conversion certificate#page10.tif  
source=Step 1 LYB Premix LLC notarized conversion certificate#page11.tif  
source=Step 1 LYB Premix LLC notarized conversion certificate#page12.tif  
source=Original CoverSheet#page1.tif

UNITED STATES OF AMERICA,  
STATE OF OHIO,  
OFFICE OF SECRETARY OF STATE

*I, Frank LaRose, Secretary of State of the State of Ohio, do hereby certify that the paper to which this is attached is a true and correct copy from the original record now in my official custody as Secretary of State.*

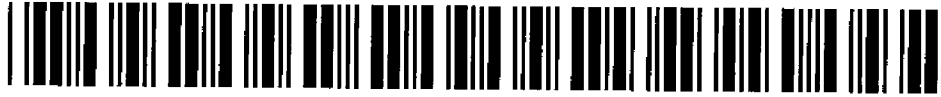


*Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 5th day of February, A.D. 2021.*

Ohio Secretary of State

A handwritten signature in cursive script, appearing to read "Frank LaRose".

Validation Number:  
202103601634



DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	CERT	COPY
04/01/2020	202009201852	Conversion Within SOS Records (CVS)	99.00	200.00	0.00	0.00

**Receipt**

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

C T CORPORATION SYSTEM  
4400 EASTON CMNS WAY STE 125  
COLUMBUS, OH 43219

**STATE OF OHIO  
CERTIFICATE**

**Ohio Secretary of State, Frank LaRose  
283197**

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

**LYB PREMIX LLC**

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

Document(s)

**Conversion Within SOS Records**

Document No(s):

**202009201852**

Effective Date: 04/15/2020



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  
1st day of April, A.D. 2020.

*Frank LaRose*  
Ohio Secretary of State

Form 700 Prescribed by:



Toll Free: 877.767.3453
Central Ohio: 614.466.3910
OhioSoS.gov
business@OhioSoS.gov
File online or for more information: OhioBusinessCentral.gov

Mail this form to one of the following:
Regular Filing (non expedite)
P.O. Box 1329
Columbus, OH 43216
Expedite Filing (Two business day processing time. Requires an additional \$100.00)
P.O. Box 1390
Columbus, OH 43216

For screen readers, follow instructions located at this path.

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) [X] 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: Premix, Inc.
Jurisdiction of Formation: Ohio
Charter/Registration Number: 283197

The converting entity is a:
(Check Only (1) One Box)

- [ ] Domestic Nonprofit Corporation
[X] Domestic For-Profit Corporation
[ ] 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

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  
 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 (MM/DD/YYYY)  (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.

*Jeffrey Kaplan*  
Signature

By (if applicable)

Jeffrey A. Kaplan, EVP and Chief Legal Officer  
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.

Premix, 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 (MM/DD/YYYY)</b> <input type="text"/></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 <b>Fax</b> 614-752-4811 <b>Phone</b> 614-466-2319</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 (MM/DD/YYYY)</b> <input type="text" value="03/31/2020"/></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.

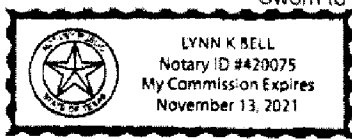
Signature  Title

Name

Mailing Address

City State ZIP Code

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



Notary Public

Date Commission Expires (MM/DD/YYYY)



Complete the information in this section.

### AFFIDAVIT

In lieu of dissolution releases from various governmental authorities.

Premix, 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 (MM/DD/YYYY)</b> 03/31/2020</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 (MM/DD/YYYY)</b> 03/31/2020</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 (MM/DD/YYYY)</b></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.

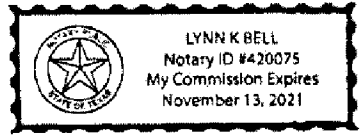
Signature  Title Secretary

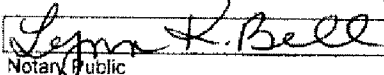
Name Scott E. Beech

Mailing Address 1221 McKinney Street, Suite 300

City Houston State Texas ZIP Code 77010

Seal Sworn to and subscribed in my presence on this date (MM/DD/YYYY) 03/31/2020



  
Notary Public

Date Commission Expires (MM/DD/YYYY) 11/13/2021

AFFIDAVIT OF PERSONAL PROPERTY

State of Texas  
County of Harris

Kirkmichael Moore  
Name of Officer  
Assistant Secretary  
Title of Officer

of Premix, Inc.  
Name of Corporation

and that this affidavit is made in compliance with Ohio Revised Code Section 1703.17(C)(4)

That above-named corporation (Check one (1) of the following)

- Has no personal property in any county in Ohio
- Is the type required to pay personal property taxes to state authorities only
- Has personal property in the following county (ies)

Ashtabula  
County

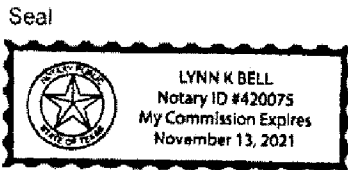
County

County

Signature *[Handwritten Signature]*

Title Assistant Secretary

Sworn to and subscribed in my presence on this date (MM/DD/YYYY) 03/31/2021



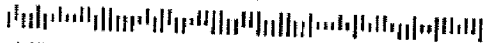
*Lynn K. Bell*  
Notary Public

Date Commission Expires (MM/DD/YYYY) 11-13-2021



Department of  
Taxation

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



LIZ CAMPBELL  
PREMIX INC.  
1221 MCKINNEY ST STE 300  
HUSTON, TX 77010  
USA

April 15, 2020  
Contact ID: 0704330549

RE: Certificate of Tax Clearance  
Entity Name: Premix Inc  
Ohio Charter # 00283197  
Certificate Issue Date: 04/15/2020

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

**TRADEMARK**  
**REEL: 007753 FRAME: 0777**

Form 533A Prescribed by:



Toll Free: 877.767.3453
Central Ohio: 614.466.3910
OhioSoS.gov
business@OhioSoS.gov
File online or for more information: OhioBusinessCentral.gov

Mail this form to one of the following:
Regular Filing (non expedite)
P.O. Box 670
Columbus, OH 43216
Expedite Filing (Two business day processing time. Requires an additional \$100.00)
P.O. Box 1390
Columbus, OH 43216

For screen readers, follow instructions located at this path.

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
[checked] For-Profit Limited Liability Company (115-LCA)

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

Name of Limited Liability Company: LYB Premix LLC
(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)
Optional: This limited liability company shall exist for Perpetual 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

LYB Premix 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:

C T Corporation System

(Name of Statutory Agent)

4400 Easton Commons Way, Suite 125

(Mailing Address)

Columbus

(Mailing City)

OH

(Mailing State)

43219

(Mailing ZIP Code)

### Acceptance of Appointment

The Undersigned, C T Corporation System, named herein as the  
(Name of Statutory Agent)

Statutory agent for LYB Premix LLC  
(Name of Limited Liability Company)

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

Statutory Agent Signature Howard L. Volz  
(Individual Agent's Signature / Signature on Behalf of Business Serving as Agent)  
Howard L. Volz, Assistant Secretary

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.

*Jeffrey Kaplan*  
Signature

By (if applicable)

Jeffrey A. Kaplan  
Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name