

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

ETAS ID: TM741143

SUBMISSION TYPE:	RESUBMISSION		
NATURE OF CONVEYANCE:	ENTITY CONVERSION		
RESUBMIT DOCUMENT ID:	900698763		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
Cornerstone Institutional Investors, Inc.		07/06/2016	Corporation: PENNSYLVANIA
RECEIVING PARTY DATA			
Name:	Cornerstone Institutional Investors, LLC		
Street Address:	74 W. Broad Street		
Internal Address:	Suite 340		
City:	Bethlehem		
State/Country:	PENNSYLVANIA		
Postal Code:	18018		
Entity Type:	Limited Liability Company: PENNSYLVANIA		
PROPERTY NUMBERS Total: 2			
Property Type	Number	Word Mark	
Registration Number:	2696973	CORNERSTONE INSTITUTIONAL INVESTORS, INC	
Registration Number:	2696972	CORNERSTONE ADVISORS ASSET MANAGEMENT, I	
CORRESPONDENCE DATA			
Fax Number:	2128080844		
<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>			
Phone:	212-808-0700		
Email:	jhamburg@norris-law.com		
Correspondent Name:	Jeanne Hamburg		
Address Line 1:	Norris McLaughlin, P.A.		
Address Line 2:	7 Times Square		
Address Line 4:	New York, NEW YORK 10036		
ATTORNEY DOCKET NUMBER:	708427-5		
NAME OF SUBMITTER:	Jeanne Hamburg		
SIGNATURE:	/Jeanne Hamburg/		
DATE SIGNED:	07/14/2022		
Total Attachments: 12			

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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

Norris McLaughlin & Marcus Attn: Connie
515 West Hamilton Street Suite 502
Allentown PA 18101

Cornerstone Institutional Investors, LLC

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 : 2784615

DSCB:15-355-2

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

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. Complete part (a) OR (b) – not both:					
<input checked="" type="checkbox"/>	(a) 74 W, Broad Street, Suite 340	Bethlehem	PA	18018	Northampton
	Number and street	City	State	Zip	County
	(b) c/o: _____				County
	Name of Commercial Registered Office Provider				
<input type="checkbox"/>	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:				
	Number and street	City	State	Zip	County
<input type="checkbox"/>	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:				
	Number and street	City	State	Zip	


B. For the converted association:

- The name of the converted association is: Cornerstone Institutional Investors, LLC
- The jurisdiction of formation of the converted association is: Pennsylvania
- 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 _____ |

EXHIBIT "A"

PENNSYLVANIA DEPARTMENT OF STATE
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS

<input checked="" type="checkbox"/> Return document by mail to: Norris McLaughlin & Marcus, P.A. Attn: Connie <hr/> Name 515 W. Hamilton Street, Suite 502 <hr/> Address Allentown PA 18106 <hr/> City State Zip Code	Certificate of Organization Domestic Limited Liability Company DSCB:15-8913 (rev. 7/2015)  8913
<input checked="" type="checkbox"/> Return document by email to: ccecala@nmmfaw.com	

Read all instructions prior to completing. This form may be submitted online at <https://www.corporations.pa.gov/>.

Fee: \$125

In compliance with the requirements of 15 Pa.C.S. § 8913 (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 (*designator is required, i.e., "company", "limited" or "limited liability company" or abbreviation*):

Cornerstone Institutional Investors, LLC

2. The (a) address of the limited liability company's initial registered office in this Commonwealth or (b) name of its commercial registered office provider and the county of venue is: (*Complete (a) or (b) - not both*)

(a) Number and Street	City	State	Zip	County
74 W. Broad Street, Suite 340	Bethlehem	PA	18018	Northampton

(b) Name of Commercial Registered Office Provider _____ County _____

c/o: _____

3. The name and address, including street and number, if any, of each organizer is (*all organizers must sign on page 2*):

Name	Address
Dolores A. Laputka, Esquire	515 W. Hamilton Street, Allentown, PA 18101

DSCB:15-8913-2

4. *Strike out if inapplicable term*
~~A member's interest in the company is to be evidenced by a certificate of membership interest.~~

5. *Strike out if inapplicable:*
Management of the company is vested in a manager or managers.

6. The specified effective date, if any is: _____
(MM/DD/YYYY and hour, if any)

7. *Strike out if inapplicable:* ~~The company is a restricted professional company organized to render the following restricted professional service(s):~~

8. For additional provisions of the certificate, if any, attach an 8 1/2 x 11 sheet.

IN TESTIMONY WHEREOF, the organizer(s) has (have)
signed this Certificate of Organization this
6th day of July 2016
[Signature]
Signature

Signature

Signature

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

Norris McLaughlin & Marcus Attn: Connie
515 West Hamilton Street Suite 502
Allentown PA 18101

Cornerstone Advisors Asset Management, LLC

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 : 561984

DSCB:15-355-2

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

<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. Complete part (a) OR (b) – not both:</p>				
<input checked="" type="checkbox"/>	(a) 74 W. Broad Street, Suite 340	Bethlehem	PA	18018 Northampton
	Number and street	City	State	Zip County
	(b) c/o: _____			
	Name of Commercial Registered Office Provider			County
<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>				
<input type="checkbox"/>	_____	_____	_____	_____
	Number and street	City	State	Zip County
<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>				
<input type="checkbox"/>	_____	_____	_____	_____
	Number and street	City	State	Zip

B. For the converted association:

1. The name of the converted association is: Cornerstone Advisors Asset Management, 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 _____ |

DSCB:15-355-3

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) <u>74 W. Broad Street, Suite 340</u> <u>Bethlehem</u> <u>PA</u> <u>18018</u> <u>Northampton</u> <small>Number and street City State Zip County</small></p> <p>(b) o/a: _____ <small>Name of Commercial Registered Office Provider County</small></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>_____ <small>Number and street City State Zip County</small></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>_____ <small>Number and street City State Zip</small></p> <p>(2) The name and address, including street and number, of its registered agent:</p> <p>_____ <small>Name of Registered Agent</small></p> <p>_____ <small>Number and street City State Zip</small></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: _____ at _____
Date (MM/DD/YYYY) Hour (if any)

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

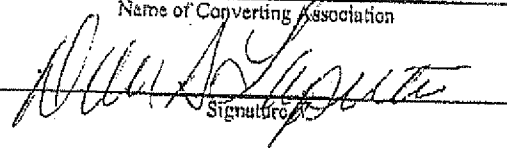
For converting association that is a domestic entity - The plan of conversion was approved in accordance with 15 Pa.C.S. Chapter 3, Subchapter E (relating to conversion).

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 6th day of July, 2016.


Cornerstone Advisors Asset Management, Inc.
Name of Converting Association


Signature

Authorized Representative

Title

PENNSYLVANIA DEPARTMENT OF STATE
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS

<input checked="" type="checkbox"/> Return document by mail to: Norris McLaughlin & Marcus, P.A. Attn: Connie <hr/> Name 515 W. Hamilton Street, Suite 502 <hr/> Address Allentown PA 18106 <hr/> City State Zip Code Allentown PA 18106 <hr/> <input checked="" type="checkbox"/> Return document by email to: <u>ccecala@nmmlaw.com</u>	Certificate of Organization Domestic Limited Liability Company DSCB:15-8913 (rev. 7/2015)  8913
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Read all instructions prior to completing. This form may be submitted online at <https://www.corporations.pa.gov/>.

Fee: \$125

In compliance with the requirements of 15 Pa.C.S. § 8913 (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 (*designator is required, i.e., "company", "limited" or "limited liability company" or abbreviation*):

Cornerstone Advisors Asset Management, LLC

2. The (a) address of the limited liability company's initial registered office in this Commonwealth or (b) name of its commercial registered office provider and the county of venue is:
(Complete (a) or (b) - not both)

(a) Number and Street	City	State	Zip	County
74 W. Broad Street, Suite 340	Bethlehem	PA	18018	Northampton

(b) Name of Commercial Registered Office Provider _____ County _____

c/o: _____

3. The name and address, including street and number, if any, of each organizer is (*all organizers must sign on page 2*):

Name	Address
Dolores A. Laputka, Esquire	515 W. Hamilton Street, Allentown, PA 18101

DSCB:15-8913-2


4. *Strike out if inapplicable term*
~~A member's interest in the company is to be evidenced by a certificate of membership interest.~~

5. *Strike out if inapplicable:*
Management of the company is vested in a manager or managers.

6. The specified effective date, if any is: _____
(MM/DD/YYYY and hour, if any)

7. *Strike out if inapplicable:* The company is a restricted professional company organized to render the following restricted professional service(s):

8. For additional provisions of the certificate, if any, attach an 8 1/2 x 11 sheet.

IN TESTIMONY WHEREOF, the organizer(s) has (have) signed this Certificate of Organization this
6th day of July, 2016


Signature

Signature

Signature