

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

ETAS ID: TM760981

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	ENTITY CONVERSION		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
Graham Engineering Corporation		12/28/2021	Corporation: PENNSYLVANIA
RECEIVING PARTY DATA			
Name:	Graham Engineering Company, LLC		
Street Address:	1203 Eden Road		
City:	York		
State/Country:	PENNSYLVANIA		
Postal Code:	17402		
Entity Type:	Limited Liability Company: PENNSYLVANIA		
PROPERTY NUMBERS Total: 18			
Property Type	Number	Word Mark	
Registration Number:	4052046	G	
Registration Number:	4890606	REVOLUTION MVP	
Registration Number:	4859704	CUSTOMEXTRUDICATION	
Registration Number:	4052045	GRAHAM ENGINEERING	
Registration Number:	2830095	XBM NAVIGATOR	
Registration Number:	5181532	GEC	
Registration Number:	5212684	STEWARD BARRIER	
Registration Number:	5181654	AKCENT	
Registration Number:	2963516	HERCULES	
Registration Number:	2900488	EVOLUTION	
Registration Number:	2965646	WORLD STANDARD	
Registration Number:	5198999	AKCESS	
Registration Number:	1318930	POLYSIDE	
Registration Number:	5224758	NAVIGATOR	
Registration Number:	0711818	DOLE	
Registration Number:	1021899	AUTO-FLEX	
Registration Number:	0883318	WELEX	
Registration Number:	5937408	AUTOGRIP	

CH \$465.00 4052046

CORRESPONDENCE DATA**Fax Number:** 7175471900*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:** 7175561000**Email:** trademarks@saxtonstump.com**Correspondent Name:** Saxton & Stump, LLC**Address Line 1:** 4250 Crums Mill Road**Address Line 2:** Suite 201**Address Line 4:** Harrisburg, PENNSYLVANIA 17112

NAME OF SUBMITTER:	Kerri J. Smith
SIGNATURE:	/Kerri J. Smith/
DATE SIGNED:	10/13/2022

Total Attachments: 7

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PENNSYLVANIA DEPARTMENT OF STATE
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS

<input type="checkbox"/> Return document by mail to:	Statement of Correction DSCB:15-138 (rev. 7/1/2015)  TCO211228MC1292
Name	
Address	
City State Zip Code	
<input type="checkbox"/> Return document by email to: _____	

Read all instructions prior to completing. This form may be sui

Fee: \$70

In compliance with the requirements of 15 Pa.C.S. § 138 (relating to statement of correction), the undersigned association or other person, desiring to correct an inaccurate, defective or erroneous record, hereby states that:

- The name of the association or other person is: Graham Engineering Corporation
- The current registered office address as on file with the Department of State. Complete part (a) OR (b) – not both:
 - 1420 Sixth Avenue York PA 17403 York
Number and street City State Zip County
 - c/o: _____
Name of Commercial Registered Office Provider County
- The statute by or under which the association was formed (or the preceding filing was made, in the case of a filing that does not constitute a part of the public organic record of an association) is: BCL, Act of May 5, 1933
- The inaccuracy or defect to be corrected is (include Department of State form name and date filed):
The Statement of Conversion and Certificate of Organization filed on 12/28/2021 incorrectly stated the effective date
of the filing and the registered office address of the resulting limited liability company.
- Check one of the following:
 - The portion of the document requiring correction in corrected form is set forth in Exhibit A attached hereto.
 - The original document to which this statement relates shall be deemed re-executed.
 - The original document to which this statement relates shall be deemed stricken from the records of the Department.

IN TESTIMONY WHEREOF, the undersigned association or other person has caused this Statement of Correction to be signed by a duly authorized officer thereof or otherwise in its name this 28th day of December, 20 21.

GRAHAM ENGINEERING CORPORATION
Name of Association

/s/Michael J. Granbois Jr.
Signature

VP - General Counsel & Secretary
Title

PA DEPT OF STATE

DEC 28 2021

EXHIBIT A

PENNSYLVANIA DEPARTMENT OF STATE
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS

<input type="checkbox"/> Return document by mail to: Amy Bitting Name PO Box 1104 Address York PA 17405-1104 City State Zip Code	Statement of Conversion DSCB:15-355 (7/1/2015)
<input checked="" type="checkbox"/> Return document by email to: amy_bitting@grcap.com	333

Read all instructions prior to completing.

Fee: \$70

In compliance with the requirements of the applicable provisions of 15 Pa.C.S. § 355 (relating to Statement of conversion), the undersigned association, desiring to effect a conversion, hereby states that:

A. For the converting association:

1. The name of the converting association is: Graham Engineering Corporation
2. The jurisdiction of formation of the converting association is: Pennsylvania
3. The type of association is (check only one):
 Business Corporation Limited Partnership Business Trust
 Nonprofit Corporation Limited Liability (General) Partnership Professional Association
 Limited Liability Company Limited Liability Limited Partnership Other _____
4. Date on which the association was created, incorporated, formed or otherwise came into existence:
12/31/1970
(MM/DD/YYYY)
5. If the converting association is a domestic filing association (a Pennsylvania business corporation, nonprofit corporation, limited partnership, limited liability company, professional association or business trust), the statute under which it was first created, incorporated, formed or otherwise came into existence:
Business Corporation Law, act of May 5, 1933
(ex. Business Corporation Law of 1988, Limited Liability Company Law of 1994, etc.)

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>1203 Eden Road, York, PA 17402, York County</u> <small>Number and street City State Zip County</small></p> <p>(b) c/o: _____ <small>Name of Commercial Registered Office Provider County</small></p>
<input type="checkbox"/>	<p>If the converted association is a domestic association that is not 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)

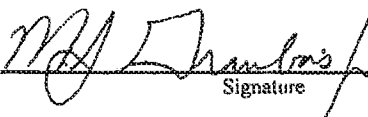
D. Approval of conversion by converting association (check only one):

- 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 27th day of December, 2021.

Graham Engineering Corporation
Name of Converting Association


Signature

VP - General Counsel & Secretary
Title

**PENNSYLVANIA DEPARTMENT OF STATE
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS**

<input type="checkbox"/> Return document by mail to: Amy Bitting <hr/> Name PO Box 1104 <hr/> Address York PA 17405-1104 <hr/> City State Zip Code	Certificate of Organization Domestic Limited Liability Company DSCB:15-8821 (rev. 2/2017)
<input checked="" type="checkbox"/> Return document by email to: <u>amy_bitting@grcap.com</u>	

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

Fee: \$125 I qualify for a veteran/reservist-owned small business fee exemption (see instructions)

In compliance with the requirements of 15 Pa.C.S. § 8821 (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 is: Graham Engineering Company, LLC
(designator is required, e.g., "company," "limited" or "limited liability company" or any abbreviation thereof)

2. Complete part (a) or (b) -- not both:

(a) The address of this limited liability company's registered office in this Commonwealth is:
(post office box alone is not acceptable)

1203 Eden Road	York	PA	17402	York
Number and Street	City	State	Zip	County

(b) The name of this limited liability company's commercial registered office provider and county of venue is:

c/o: _____
 Name of Commercial Registered Office Provider County

3. The name of each organizer is *(all organizers must sign on page 2)*:

Michael J Granbois Jr.

4. Effective date of Certificate of Organization *(check, and if appropriate complete, one of the following)*:

The Certificate of Organization shall be effective upon filing in the Department of State.

The Certificate of Organization shall be effective on: _____ at _____
 Date (MM/DD/YYYY) Hour (if any)

5. Restricted professional companies only.

Check the box if the limited liability company is organized to render a restricted professional service and check the type of restricted professional service(s).

The company is a restricted professional company organized to render the following restricted professional service(s):

- Chiropractic
- Dentistry
- Law
- Medicine and surgery
- Optometry
- Osteopathic medicine and surgery
- Podiatric medicine
- Public accounting
- Psychology
- Veterinary medicine

6. Benefit companies only.

Check the box immediately below if the limited liability company is organized as a benefit company:

This limited liability company shall have the purpose of creating general public benefit.

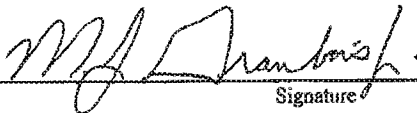
Optional specific public benefit purpose. Check the box immediately below if the benefit company is organized to have one or more specific public benefits and supply the specific public benefit(s). See instructions for examples of specific public benefit.

This limited liability company shall have the purpose of creating the enumerated specific public benefit(s):

7. For additional provisions of the certificate, if any, attach 8½ x 11 sheet(s).

IN TESTIMONY WHEREOF, the organizer(s) has (have) executed this Certificate of Organization this

27th day of December, 2021.



 Signature

 Signature

 Signature