

10-19-1998



100855061

RECORDATION FORM COVER SHEET

TRADEMARKS ONLY

10-14-98

TO: The Commissioner of Patents and Trademarks: Please record the attached original document(s) or copy(ies).

Submission Type

- New
- Resubmission (Non-Recordation)
Document ID #
- Correction of PTO Error
Reel # Frame #
- Corrective Document
Reel # Frame #

Conveyance Type

- Assignment License
 - Security Agreement Nunc Pro Tunc Assignment
 - Merger
 - Change of Name
 - Other
- Effective Date
Month Day Year

Conveying Party

Mark if additional names of conveying parties attached

Execution Date
Month Day Year

Name

Formerly

- Individual General Partnership Limited Partnership Corporation Association

Other

Citizenship/State of Incorporation/Organization

Receiving Party

Mark if additional names of receiving parties attached

Name

DBA/AKA/TA

Composed of

Address (line 1)

Address (line 2)

Address (line 3)

City

State/Country

Zip Code

- Individual General Partnership Limited Partnership

Corporation Association

Other

If document to be recorded is an assignment and the receiving party is not domiciled in the United States, an appointment of a domestic representative should be attached. (Designation must be a separate document from Assignment.)

Citizenship/State of Incorporation/Organization

FOR OFFICE USE ONLY

10/16/1998 SBURNS 00000131 362106

01 FC:401
02 FC:402

40.00 SP
100.00 SP

Public burden reporting for this collection of information is estimated to average approximately 30 minutes per Cover Sheet to be recorded, including time for reviewing the document and gathering the data needed to complete the Cover Sheet. Send comments regarding this burden estimate to the U.S. Patent and Trademark Office, Chief Information Officer, Washington, D.C. 20231 and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Paperwork Reduction Project (0651-0027), Washington, D.C. 20503. See OMB Information Collection Budget Package 0651-0027, Patent and Trademark Assignment Practice. DO NOT SEND REQUESTS TO RECORD ASSIGNMENT DOCUMENTS TO THIS ADDRESS.

Mail documents to be recorded with required cover sheet(s) information to:
Commissioner of Patents and Trademarks, Box Assignments, Washington, D.C. 20231

TRADEMARK
REEL: 1800 FRAME: 0514

Domestic Representative Name and Address

Enter for the first Receiving Party only.

Name

Address (line 1)

Address (line 2)

Address (line 3)

Address (line 4)

Correspondent Name and Address

Area Code and Telephone Number

Name

Address (line 1)

Address (line 2)

Address (line 3)

Address (line 4)

Pages Enter the total number of pages of the attached conveyance document including any attachments.

#

Trademark Application Number(s) or Registration Number(s)

Mark if additional numbers attached

Enter either the Trademark Application Number or the Registration Number (DO NOT ENTER BOTH numbers for the same property).

Trademark Application Number(s)

Registration Number(s)

Number of Properties Enter the total number of properties involved.

#

Fee Amount Fee Amount for Properties Listed (37 CFR 3.41):

\$

Method of Payment:

Enclosed

Deposit Account

Deposit Account

(Enter for payment by deposit account or if additional fees can be charged to the account.)

Deposit Account Number: #

Authorization to charge additional fees:

Yes

No

Statement and Signature

To the best of my knowledge and belief, the foregoing information is true and correct and any attached copy is a true copy of the original document. Charges to deposit account are authorized, as indicated herein.

Philip D. Mitchell, Esq.



September 28, 1998

Name of Person Signing

Signature

Date Signed

(CHANGES)
DOCKETING STATEMENT DSCB:15-134B (Rev 90)

BUREAU USE ONLY:
REVENUE _____ LABOR & INDUSTRY _____
OTHER _____

FILING FEE: NONE

FILE CODE _____

FILED DATE _____

MICROFILM NUMBER _____

This form (file in triplicate) and all accompanying documents shall be mailed to:
COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
CORPORATION BUREAU
308 NORTH OFFICE BUILDING
HARRISBURG, PA 17120-0029

Part I. COMPLETE FOR EACH FILING:

Current name of entity or registrant affected by the submittal to which this statement relates: (survivor or new corporation if merger or consolidation)
ESSPOC Materials Inc.

Entity number, if known: _____ NOTE: ENTITY NUMBER is the computer index number assigned to an entity upon initial filing in the Department of State.

Incorporation/qualification date in Pa.: 03-16-01 State of incorporation: Pennsylvania

Specified effective date, if any: _____

Part II. COMPLETE FOR EACH FILING This statement is being submitted with: (check proper box):

Articles of Amendment: complete Section A only

___ Amended Certificate of Authority: complete Section A only

___ Articles of Merger: complete Section B

___ Articles of Consolidation: complete Section C

___ Articles of Division: complete Section D

___ Articles of Conversion: complete Sections A and E only

___ Statement of Merger, Consolidation or Division: complete Section B, C or D

___ Statement of Correction: complete Section A only

___ Statement of Termination: complete Section H

___ Statement of Revival: complete Section G

___ Dissolution by Shareholders or Incorporators before Commencement of Business: complete Section F only

___ Amendment of Certificate of Limited Partnership: complete Section A only

Part III. COMPLETE IF APPROPRIATE: The delayed effective date of the accompanying submittal is:

month day year hour, if any

Section A. CHANGES TO BE MADE TO THE ENTITY NAMED IN PART I: (Check box/boxes which pertain)

XX Name: ESSROC Cement Corp.

Registered Office: _____
Number & street/RD number & box number City State Zip County

Purpose: _____

Stock: aggregate number of shares authorized _____ (attach additional provisions, if any)

Term of Existence: _____

Other: _____

Section B. MERGER (Complete Section A if any changes to survivor corporation):

MERGING CORPORATIONS ARE: (List only the merging corporations-SURVIVOR IS LISTED IN PART I)

1. Name: _____

Entity Number, if known: _____ Inc./quali. date in Pa.: _____ State of Incorporation: _____

2. Name: _____

Entity Number, if known: _____ Inc./quali. date in Pa.: _____ State of Incorporation: _____

Attach sheet containing above corporate information if there are additional merging corporations.

Section C: CONSOLIDATION (NEW corporation information should be completed in Part I. Also, complete and attach DOCKETING STATEMENT DSCB: 5-134.5 for the NEW corporation formed.)

CONSOLIDATING CORPORATIONS ARE:

1. Name: _____

Entity Number, if known: _____ Inc./quali. date in Pa.: _____ State of Incorporation: _____

2. Name: _____

Entity Number, if known: _____ Inc./quali. date in Pa.: _____ State of Incorporation: _____

Attach sheet containing above corporate information if there are additional consolidating corporations.

Section D. DIVISION (Forming NEW corporation(s) named below. Also, complete and attach DOCKETING STATEMENT DSCB:15-134A for EACH new corporation formed by division.)

1 _____
 Entity Number

2 _____
 Entity Number

Attach sheet if there are additional corporations to be named.

CHECK ONE:

- _____ Corporation named in Part I survives. (Any changes, complete Section A)
- _____ Corporation named in Part I does not survive.

Section E. CONVERSION (Complete Section A)

CHECK ONE:

- _____ Converted from nonprofit to profit
- _____ Converted from profit to nonprofit

Section F. DISSOLVED BY SHAREHOLDERS OR INCORPORATORS BEFORE COMMENCEMENT OF BUSINESS

Section G. STATEMENT OF REVIVAL Corporation named in Part I does hereby revive its charter or articles which were forfeited by Proclamation or expired. (Complete Section A if any changes have been made to the revived corporation.)

Section H. STATEMENT OF TERMINATION

_____ filed in the Department of State on _____ is/are hereby terminated.
 (type of filing made) month date year, not if any

If merger, consolidation or division, list all corporations involved, other than that listed in Part I:

1 _____
 Entity Number Name

2 _____
 Entity Number Name

Attach sheet containing above information if there are additional corporations involved.

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
CORPORATION BUREAU

Filed in the Department of

State of **FEB 05 1997**

[Signature]
Secretary of the Commonwealth

ARTICLES OF AMENDMENT

ESSROC MATERIALS INC.

In compliance with the requirements of 15 Pa.C.S. §1915 (relating to articles of amendment), the undersigned business corporation, desiring to amend its Articles, does hereby state that:

1. The name of the corporation is ESSROC Materials Inc.

2. The address of the registered office of the corporation in this Commonwealth is Route 208 - Bath Highway, Bath, Pennsylvania 18014.

3. The corporation was formed under the Act of the General Assembly of the Commonwealth of Pennsylvania, approved April 29, 1874.

4. The original date of its incorporation is March 18, 1901.

5. The amendment shall be effective upon filing these Articles of Amendment in the Department of State.

6. The amendment was adopted by the board of directors pursuant to 15 Pa.C.S. §1914(c).

7. The amendment adopted by the corporation, set forth in full, is as follows:

RESOLVED, that the Articles of Incorporation of the Corporation be amended by changing the Article thereof numbered "FIRST" so as to read in full as follows: