| TRADEMARKS ONLY Individual (s) Individual (s | Form PTO-1594 RECORDATION F | OPM COVER SUFET. HA SETTEMENT |
|--|---|---|
| To the Honorable Commissioner of Patants and Trodomarks: Please record the attached original documents or copy thereof. 1. Name of conveying party(ies): Elga Aktiebolag Individual(s) General Partnership Copporation-State Other Swaden Corporation Additional name(s) of conveying party(ies) attached? Yes No 3. Nature of conveyance: Assignment General Partnership Change of Name Change of Name Execution Date: May 30, 2001 4. Application number(s) or registration number(s): A. Trademark Application No.(s) 5. Name and address of party to whom correspondence concerning document should be mailed: Name: LYTII, A. Sulliyan Internal Address: Leydig Voit 5 Mayer, Ltd. City: Chicago State: IL Zip: 60601 Copporation-State Delawage Cliy: Glenview State: IL Zip: 60601 City: Chicago State: IL Zip: 60601 Copporation-State Delawage Cliy: Glenview State: IL Zip: 60601 City: Chicago State: IL Zip: 60601 Copporation-State Delawage Cliy: Glenview State: II Zip: 60601 Copporation-State Delawage Cliy: Glenview State: II Zip: 60601 Copporation-State II Zip: 606 | | |
| To the Honorable Commissioner of Patents and Trademarks: Please record the sitached original documents or copy thereof. 1. Name of conveying party(les): Elga Aktiebolag Individual(s) | , ,, | _ |
| 1. Name of conveying party(ies): Elga Aktiebolag Individual(s) General Partnership Corporation-State Cother Sweden Corporation Additional name(s) of conveying party(ies) attached? Yes No. 3. Nature of conveyance: Cother Security Agreement Cother Se | | |
| Elga Aktiebolag Individual(s) | | |
| General Partnership Corporation-State Corporation-State Corporation-State Corporation-State Corporation-State Corporation-State Corporation Additional name(s) of conveying party(ies) attached? Yes No 3. Nature of conveyance: Change of Name Cother Corporation-State Corporation-State Corporation Comparison-State Corporation Comparison-State Corporation | | Name: <u>Illinois Tool Works Inc.</u> Internal |
| City: Glenview State: IL Zip:60025 Corporation-State City: Glenview State: IL Zip:60025 Additional name(s) of conveying party(ies) attached? Yes No Additional name(s) of conveying party(ies) attached? Yes No 3. Nature of conveyance: Assignment Change of Name Cother Cother Cother Cacopitation Date: May 30, 2001 4. Application number(s) or registration number(s): A. Trademark Application No.(s) 5. Name and address of party to whom correspondence concerning document should be mailed: Name: Lynn A. Sullivan Internal Address: Leydig Voit & Mayer, Ltd. City: Chicago State: IL Zip:60601 City: Chicago State: IL Zip:60601 City: Chicago State: IL Zip:60601 City: Glenview State: IL Zip:60601 Individual(s) citizenship Association General Partnership Corporation-State Delaware Delaware Delaware Corporation-State Delaware Delaware Delaware Other Corporation-State Delaware D | l <u>=</u> | |
| Additional name(s) of conveying party(les) attached? Yes No 3. Nature of conveyance: Assignment Merger Security Agreement Change of Name Other Execution Date: May 30, 2001 4. Application number(s) or registration number(s): A. Trademark Application No.(s) 5. Name and address of party to whom correspondence concerning document should be mailed: Name: Lynn A. Sullivan Internal Address: Leydig Voit & Mayer, Ltd. Street Address: Two Prudential Plaza Suite 4900 9. 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. | | |
| Additional name(s) of conveying party(ies) attached? Yes No 3. Nature of conveyance: Limited Partnership. Corporation-State Delaware Cother Execution Date: May 30, 2001 4. Application number(s) or registration number(s): A. Trademark Application No.(s) 5. Name and address of party to whom correspondence concerning document should be mailed: Name: Lynn A. Sullivan Internal Address: Leydig Voit & Mayer, Ltd. Street Address: Two Prudential Plaza Suite 4900 Street Address: Two Prudential Plaza Suite 4900 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. Association. General Partnership. Limited Partnership. Corporation-State Delaware Cother if assence is not torricles in the united states, a genesic representative designature, attached with the page in the united states, a genesic representation of attached with a stached with | | |
| 3. Nature of conveyance: Sassignment Change of Name Change of Name Change of Name Execution Date: May 30, 2001 4. Application number(s) or registration number(s): A. Trademark Application No.(s) B. Trademark Registration No.(s) 1, 752, 285 Additional number(s) attached Yes No 5. Name and address of party to whom correspondence concerning document should be mailed: Name: Lynn A. Sullivan Internal Address: Leydig Voit & Mayer, Ltd. Street Address: Two Prudential Plaza Suite 4900 9. 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. Suite 4900 Do Not use This SPACE | | |
| Assignment Security Agreement Change of Name Change of Name Corporation-State Delaware Corporation-Sta | Additional name(s) of conveying party(ies) attached? 🖵 Yes 🍇 Ni | Association |
| Assignment Security Agreement Change of Name Comporation State No Comporati | Nature of conveyance: | |
| Execution Date: May 30, 2001 4. Application number(s) or registration number(s): A. Trademark Application No.(s) 5. Name and address of party to whom correspondence concerning document should be mailed: Name: Lynn A. Sullivan Internal Address: Leydig Voit & Mayer, Ltd. Street Address: Two Prudential Plaza Suite 4900 City: Chicago State: IL Zip:60601 City: Chicago State: IL Zip:60601 DO NOT USE THIS SPACE 9. 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. Leyding Voit and the United States, a domestic representative dosignation is attached. Yes No (Designations and stateshed: Yes No Additional number(s) & address (cs) stateched? Yes No No (Designation is attached? Yes No No No (Designation is attached? Yes No | Assignment 🖫 Merger | |
| Execution Date: May 30, 2001 Il assigned to not domiciled in the United States, a domestic representative designation is attached. Yes No (Designation mumber(s) or registration number(s): A. Application number(s) or registration number(s): A. Trademark Application No.(s) B. Trademark Registration No.(s) 1,752,285 Additional number(s) attached Yes No 5. Name and address of party to whom correspondence concerning document should be mailed: Name: Lynn A. Sullivan Internal Address: Leydig Voit & Mayer, Ltd. Street Address: Two Prudential Plaza Suite 4900 City: Chicago State: IL Zip:60601 City: Chicago State: IL Zip:60601 City: Chicago State: IL Zip:60601 DO NOT USE THIS SPACE 9. 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. | Security Agreement 🖳 Change of Name | |
| A. Application number(s) or registration number(s): A. Trademark Application No.(s) A. Trademark Application No.(s) S. Name and address of party to whom correspondence concerning document should be mailed: Name: Lynn A. Sullivan Internal Address: Leydig Voit & Mayer, Ltd. Street Address: Two Prudential Plaza Suite 4900 City: Chicago State: IL Zip:60601 City: Chicago State: IL Zip:60601 DO NOT USE THIS SPACE 9. 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. | ☐ Other | Il 888ignée is not domiciled in the United States is domestic |
| A. Application number(s) or registration number(s): A. Trademark Application No.(s) Additional number(s) attached Yes No S. Name and address of party to whom correspondence concerning document should be mailed: Name: Lynn A. Sulliyan Internal Address: Leydig Voit & Mayer, Ltd. Total fee (37 CFR 3.41) | Execution Date: May 30, 2001 | (Uesignations must be a separate document from sesionment) |
| Additional number(s) attached | Application number(s) or registration number(s): | 1 100 |
| 5. Name and address of party to whom correspondence concerning document should be mailed: Name: Lynn A. Sullivan Internal Address: 7. Total fee (37 CFR 3.41) 40,00 Leydig Voit & Mayer, Ltd. Enclosed Authorized to be charged to deposit account Street Address: Two Prudential Plaza 8. Deposit account number: Suite 4900 12-1216 City: Chicago State: IL Zip: 60601 (Attach duplicate copy of this page if paying by deposit account) DO NOT USE THIS SPACE 9. 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. | A. Trademark Application No.(s) | |
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| Name: Lynn A. Sullivan Internal Address: 7. Total fee (37 CFR 3.41) | 5. Name and address of party to whom correspondence | 6. Total number of applications and |
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| City: Chicago State: IL Zip: 60601 (Attach duplicate copy of this page if paying by deposit account) DO NOT USE THIS SPACE 9. 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. | Street Address: Two Prudential Plaza | 8. Deposit account number; |
| City: Chicago State: IL Zip: 60601 (Attach duplicate copy of this page if paying by deposit account) DO NOT USE THIS SPACE 9. 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. | Suite 4900 | 12-1216 |
| 9. 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. | | |
| 9. 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. | City: Chicago State: IL Zip: 60601 | (Attach duplicate copy of this page if paying by deposit account) |
| 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. | | THIS SPACE |
| | To the best of my knowledge and belief, the foregoing inform copy of the original document. | nation is true and correct and any attached copy is a true |
| Name of Person Signing Name of Person Signing Signature Signature Talel number of pages including cover sheet, attachments, and document: 3 | | - 1 - 4 - 5 - 5 |

Mail documents to be recorded with required cover sheet information to: Commissioner of Patent & Trademarks, Box Assignments Washington, D.C. 20231

TRADEMARK ASSIGNMENT

| whereas, Elga AB, a corporation located and doing business under the laws of Sweden and having an office and place of business at |
|---|
| BOX 277, S-43325 PARTILLE, SWEDE |
| (hereinafter referred to as ASSIGNOR), has adopted, used and is using the following mark which is registered in the U.S. Patent and Trademark Office: |
| ELGA (Stylized), Registration No. 1,752,285; and |
| WHEREAS, Illinois Tool Works, Inc., a corporation located and doing business under |
| the laws of Delaware and having an office and place of business at 3600 West Lake Avenue |
| Glenview, Illinois 60025-5811 |
| (herinafter referred to as ASSIGNEE), is desirous of acquiring said mark; |
| NOW, THEREFORE, for good and valuable consideration, the receipt and sufficiency |
| of which is hereby acknowledged, said ASSIGNOR does hereby assign unto the said |
| ASSIGNEE all right, title and interest in and to the said marks, together with the good will of |
| he business symbolizes by the mark, the above-identified registrations for the mark and the |
| bove-identified application for registration of said mark. |
| ELGA AB |
| By: La Man Kon Wallie |

CERTIFICATE OF FACSIMILE

I hereby certify that this merger document is being transmitted by facsimile to the Assistant Commissioner for Trademarks, Patent and Trademark Assignment Systems, Facsimile No. 703-306-5995.

Movember 8, 2001 By: Clijabeth A. Sariaw

APP USE (Rev. 10/16/2000)