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Form PTO-159A (Rev. 03/01) OMB No. 0651-0027 (Rev. 07/31/2002) Tab settings

U.S. DEPARTMENT OF COMMERCE U.S. Patent and Trademark Office

To the Honorable Commissioner of Patents and Trademarks: Please record the attached original documents or copy thereof.

<p>1. Name of conveying party(ies): Acutrol, Inc.</p> <p><input type="checkbox"/> Individual(s)                      <input type="checkbox"/> Association  <input type="checkbox"/> General Partnership              <input type="checkbox"/> Limited Partnership  <input checked="" type="checkbox"/> Corporation-State      Ohio  <input type="checkbox"/> Other _____</p> <p>Additional name(s) of conveying party(ies) attached? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>		<p>2. Name and address of receiving party(ies)</p> <p>Name: <u>A-T Controls, Inc.</u>  Internal _____  Address: _____  Street Address: <u>11363 Deerfield Road</u>  City <u>Cincinnati</u> State <u>OH</u> Zip <u>45242</u></p> <p><input type="checkbox"/> Individual(s) citizenship _____  <input type="checkbox"/> Association _____  <input type="checkbox"/> General Partnership _____  <input type="checkbox"/> Limited Partnership _____  <input checked="" type="checkbox"/> Corporation-State <u>Ohio</u>  <input type="checkbox"/> Other _____</p> <p>If assignee is not domiciled in the United States, a domestic representative designation is attached: <input type="checkbox"/> Yes <input type="checkbox"/> No  (Designations must be a separate document from assignment)  Additional name(s) &amp; address(es) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	
<p>3. Nature of conveyance:</p> <p><input type="checkbox"/> Assignment                      <input type="checkbox"/> Merger  <input type="checkbox"/> Security Agreement              <input checked="" type="checkbox"/> Change of Name  <input type="checkbox"/> Other _____</p> <p>Execution Date: <u>March 20, 1997</u></p>			
<p>4. Application number(s) or registration number(s):</p> <p>A. Trademark Application No.(s)</p> <p>Additional number(s) attached <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>		<p>B. Trademark Registration No.(s)</p> <p><u>1,977,324</u></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	
<p>5. Name and address of party to whom correspondence concerning document should be mailed:</p> <p>Name: <u>Kenneth B. Germain</u>  <u>Frost Brown Todd LLC</u></p> <p>Internal Address: _____</p> <p>Street Address: <u>201 East Fifth Street, 2200 PNC Center</u></p> <p>City <u>Cincinnati</u> State <u>OH</u> Zip <u>45202</u></p>		<p>6. Total number of applications and registrations involved: ..... <u>1</u></p> <p>7. Total fee (37 CFR 3.41) .....\$ <u>40.00</u></p> <p><input checked="" type="checkbox"/> Enclosed  <input type="checkbox"/> Authorized to be charged to deposit account</p> <p>8. Deposit account number:  <u>06-2226</u></p> <p>(Attach duplicate copy of this page if paying by deposit account)</p>	
<b>DO NOT USE THIS SPACE</b>			
<p>9. 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.</p> <p><u>Kenneth B. Germain</u>                      <u><i>KB Germain</i></u>                      <u>1/18/02</u>  Name of Person Signing                      Signature                      Date</p> <p>Total number of pages including cover sheet, attachments, and document: <u>8</u></p>			

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

TRADEMARK REEL: 002445 FRAME: 0515



# The State of Ohio

**Bob Taft**

Secretary of State

822886

## Certificate

It is hereby certified that the Secretary of State of Ohio has custody of the Records of Incorporation and Miscellaneous

Filings; that said records show the filing and recording of: MER AGA ICR CHN

of:

A-T CONTROLS, INC. FORMERLY ACUTROL, INC.

United States of America  
State of Ohio  
Office of the Secretary of State

Recorded on Roll 5881 at Frame 0746 of  
the Records of Incorporation and Miscellaneous Filings.

Witness my hand and the seal of the Secretary of State at

Columbus, Ohio, this 20TH day of MARCH ,

A.D. 19 97 .



*Bob Taft*  
Bob Taft  
Secretary of State

05881-0746

822886

Prescribed by  
Bob Taft, Secretary of State  
30 East Broad Street, 14th Floor  
Columbus, Ohio 43266-0418  
Form MER (July 1994)

Approved AP  
Date 3/20/97  
Fee 50.00

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### CERTIFICATE OF MERGER

In accordance with the requirements of Ohio law, the undersigned corporations, limited liability companies and/or limited partnerships, desiring to effect a merger, set forth the following facts:

#### I. SURVIVING ENTITY

A. The name of the entity surviving the merger is:

Acutrol, Inc.

(If the surviving entity is an Ohio limited partnership or qualified foreign limited partnership, its registration number must be provided)

B. Name change: As a result of this merger, the name of the surviving entity has been changed to the following: A-T Controls, Inc.

only if the name of surviving entity is changing through the merger

C. The surviving entity is a: *(Please check the appropriate box and fill in the appropriate blanks)*

Domestic (Ohio) corporation

Foreign (Non-Ohio) corporation incorporated under the laws of the state/ country of \_\_\_\_\_ and licensed to transact business in the state of Ohio.

Foreign (Non-Ohio) corporation incorporated under the laws of the state/country of \_\_\_\_\_, and NOT licensed to transact business in the state of Ohio.

Domestic (Ohio) limited liability company

Foreign (Non-Ohio) limited liability company organized under the laws of the state/country of \_\_\_\_\_, and registered to do business in the state of Ohio.

Foreign (Non-Ohio) limited liability company organized under the laws of the state/country of \_\_\_\_\_, and NOT registered to do business in the state of Ohio.

Domestic (Ohio) limited partnership, registration number \_\_\_\_\_

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- [ ] Foreign (Non-Ohio) limited partnership organized under the laws of the state/country of \_\_\_\_\_, and registered to do business in the state of Ohio, under registration number \_\_\_\_\_
- [ ] Foreign (Non-Ohio) limited partnership organized under the laws of the state/country of \_\_\_\_\_, and NOT registered to do business in the state of Ohio.

**II. Merging Entities**

The name, type of entity, and state/country of incorporation or organization, respectively, of each entity, other than the survivor, which is a party to the merger are as follows: *(If insufficient space to cover this item, please attach a separate sheet listing the merging entities; Ohio registered or foreign qualified limited partnerships must include registration number)*

Name	State/ Country of Organization	Type of Entity
Triac Controls, Inc.	Ohio	Corporation
_____	_____	876308
_____	_____	850-
_____	_____	_____
_____	_____	_____

**III. Merger Agreement on File**

The name and mailing address of the person or entity from whom/which eligible persons may obtain a copy of the agreement of merger upon written request:

Name	Address
Robert F. Brown	900 Fourth & Vine Tower
	(street and number)
	Cincinnati, Ohio 45202
	(city, village or township) (state) (zip code)

**IV. Effective Date of Merger**

This merger is to be effective:

On ~~February~~, ~~1997~~ 3/20/97 *per CRC 1701.81*  
*(if a date is specified, the date must be a date on or after the date of filing; the effective date of the merger cannot be earlier than the date of filing; if no date is specified, the date of filing will be the effective date of the merger).*

**IX. Qualification or Licensure of Foreign Surviving Entity**

A. The listed surviving foreign corporation, limited liability company, or limited partnership desires to transact business in Ohio as a foreign corporation, foreign limited liability company, or foreign limited partnership, and hereby appoints the following as its statutory agent upon whom process, notice or demand against the entity may be served in the State of Ohio. The name and complete address of the statutory agent is:

\_\_\_\_\_  
 (name) ( street and number)

\_\_\_\_\_, Ohio \_\_\_\_\_  
 (city, village or township) ( zip code)

The subject surviving foreign corporation, limited liability company or limited partnership irrevocably consents to service of process on the statutory agent listed above as long as the authority of the agent continues, and to service of process upon the Secretary of State if the agent cannot be found, if the corporation, limited liability company or limited partnership fails to designate another agent when required to do so, or if the corporation's, limited liability company's, or limited partnership's license or registration to do business in Ohio expires or is cancelled.

B. The qualifying entity also states as follows: (complete only if applicable)

1. **Foreign Qualifying Limited Liability Company**

(If the qualifying entity is a foreign limited liability company, the following information must be completed)

- a. The name of the limited liability company in its state of organization/registration is \_\_\_\_\_
- b. The name under which the limited liability company desires to transact business in Ohio is \_\_\_\_\_
- c. The limited liability company was organized or registered on \_\_\_\_\_ under the laws of the state/country of \_\_\_\_\_  
month day year
- d. The address to which interested persons may direct request for copies of the articles of organization, operating agreement, bylaws, or other charter documents of the company is: \_\_\_\_\_
- \_\_\_\_\_

2. Foreign Qualifying Limited Partnership

(If the qualifying entity is a foreign limited partnership, the following information must be completed)

- a. The name of limited partnership is \_\_\_\_\_
- b. The limited partnership was formed on \_\_\_\_\_  
month day year  
under the laws of the state/country of \_\_\_\_\_
- c. The address of the office of the limited partnership in its state/country of organization is \_\_\_\_\_
- d. The limited partnership's principal office address is \_\_\_\_\_

e. The names and business or residence addresses of the GENERAL partners of the partnership are as follows:

Name	Address
_____	_____
_____	_____
_____	_____

*(If insufficient space to cover this item, please attach a separate sheet listing the general partners and their respective addresses)*

f. The address of the office where a list of the names and business or residence addresses of the limited partners and their respective capital contributions is to be maintained is:

\_\_\_\_\_

\_\_\_\_\_

The limited partnership hereby certifies that it shall maintain said records until the registration of the limited partnership in Ohio is cancelled or withdrawn.

EXHIBIT A

AMENDMENT TO ARTICLES OF INCORPORATION OF  
ACUTROL, INC., WHICH, AS A RESULT OF THIS  
MERGER, IS CHANGING ITS NAME TO A-T CONTROLS, INC.

AMENDMENT 1

The FIRST paragraph shall now read:

The name of said Corporation shall be A-T  
Controls, Inc.

AMENDMENT 2

The first sentence of the FOURTH paragraph shall now  
read:

The maximum number of shares which the  
Corporation is authorized to have outstanding  
is 1,500 shares, of which 1,000 shares shall  
be designated as common stock, without par  
value with voting rights, and of which 500  
shares will be designated as common stock,  
without par value with no voting rights.

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SECRETARY OF STATE

The undersigned constituent entities have caused this certificate of merger to be signed by its duly authorized officers, partners and representatives on the date(s) stated below.

Triac Controls, Inc.  
exact name of entity  
By: [Signature]  
Its: President

Acutrol, Inc.  
exact name of entity  
By: [Signature]  
Its: President

Date: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
exact name of entity  
By: \_\_\_\_\_  
Its: \_\_\_\_\_

\_\_\_\_\_  
exact name of entity  
By: \_\_\_\_\_  
Its: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
exact name of entity  
By: \_\_\_\_\_  
Its: \_\_\_\_\_

\_\_\_\_\_  
exact name of entity  
By: \_\_\_\_\_  
Its: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
exact name of entity  
By: \_\_\_\_\_  
Its: \_\_\_\_\_

\_\_\_\_\_  
exact name of entity  
By: \_\_\_\_\_  
Its: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
exact name of entity  
By: \_\_\_\_\_  
Its: \_\_\_\_\_

\_\_\_\_\_  
exact name of entity  
By: \_\_\_\_\_  
Its: \_\_\_\_\_

Date: \_\_\_\_\_

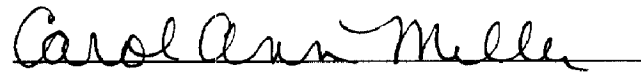
Date: \_\_\_\_\_

(Please note that the chairman of the board, the president, vice president, secretary or an assistant secretary must sign on behalf of each constituent corporation, and at least one general partner must sign on behalf of each constituent limited partnership; if insufficient space for signature, a separate sheet should be attached containing such signatures)



**CERTIFICATE OF MAILING**

I hereby certify that a copy of this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to The Assistant Commissioner of Patents and Trademarks, Washington, D.C. 20231 this 21<sup>st</sup> day of January, 2002.

A handwritten signature in cursive script that reads "Carol Ann Miller". The signature is written in black ink and is positioned above a horizontal line.