

04-07-2005

Form PTO-1594 (Rev. 03/05)
OMB Collection 0651-0027 (exp. 6/30/2005)



DEPARTMENT OF COMMERCE
Patent and Trademark Office

RECORDA
TRADEMARKS ONLY

102974547

To the Director of the U. S. Patent and Trademark Office: Please record the attached documents or the new address(es) below.

8-30-04

1. Name of conveying party(ies):

Distribution Technologies, Inc.

- Individual(s)
- General Partnership
- Corporation- State: Ohio
- Other _____
- Association
- Limited Partnership

Citizenship (see guidelines) _____

Additional names of conveying parties attached? Yes No

3. Nature of conveyance /Execution Date(s) :

Execution Date(s) January 14, 2004

- Assignment
- Security Agreement
- Other _____
- Merger
- Change of Name

2. Name and address of receiving party(ies)

Additional names, addresses, or citizenship attached? Yes No

Name: Dedicated Transport, Inc.

Internal Address: _____

Street Address: 6551 Grant Avenue

City: Cleveland

State: Ohio

Country: US Zip: 44105

- Association
- General Partnership
- Limited Partnership
- Corporation
- Other _____

Citizenship _____
If assignee is not domiciled in the United States, a domestic representative designation is attached: Yes No
(Designations must be a separate document from assignment)

4. Application number(s) or registration number(s) and identification or description of the Trademark.

A. Trademark Application No.(s)

B. Trademark Registration No.(s)
2,138,185; 2,129,795

Additional sheet(s) attached? Yes No

C. Identification or Description of Trademark(s) (and Filing Date if Application or Registration Number is unknown):

5. Name & address of party to whom correspondence concerning document should be mailed:

Name: Jay F. Moldovanyi
Internal Address: Fay, Sharpe, Fagan, Minnich & McKee, LLP

Street Address: 1100 Superior Avenue, S.
Seventh Floor

City: Cleveland

State: Ohio Zip: 44114

Phone Number: (216) 861-5582

Fax Number: (216) 241-1666

Email Address: _____

6. Total number of applications and registrations involved:

2

7. Total fee (37 CFR 2.6(b)(6) & 3.41) \$ Fee Paid Previous

- Authorized to be charged by credit card As shown on attached Copy of Assignment Recordation Sheet
- Authorized to be charged to deposit account (any further fees)
- Enclosed

8. Payment Information:

a. Credit Card Last 4 Numbers _____
Expiration Date _____

b. Deposit Account Number 06-0308

Authorized User Name Jay F. Moldovanyi

9. Signature:

Jay F. Moldovanyi Signature 23 Mar 2005 Date

Jay F. Moldovanyi

Name of Person Signing

Total number of pages including cover sheet, attachments, and document: 4

Documents to be recorded (including cover sheet) should be faxed to (703) 306-5995, or mailed to:
Mail Stop Assignment Recordation Services, Director of the USPTO, P.O. Box 1450, Alexandria, VA 22313-1450

TRADEMARK
REEL: 003146 FRAME: 0001

200401403512

DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
01/14/2004	200401403512	DOMESTIC/AMENDMENT TO ARTICLES (AMD)	50.00	100.00	.00	.00	.00

Receipt

This is not a bill. Please do not remit payment.

MORIARTY & JAROS - HARRY ARTHUR
30000 CHAGRIN BLVD.
SUITE 200
PEPPER PIKE, OH 44124-5721

**STATE OF OHIO
CERTIFICATE**

Ohio Secretary of State, J. Kenneth Blackwell

726954

It is hereby certified that the Secretary of State of Ohio has custody of the business records for
DEDICATED TRANSPORT, INC.

and, that said business records show the filing and recording of

Document(s):
DOMESTIC/AMENDMENT TO ARTICLES

Document No(s):
200401403512



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

Witness my hand and the seal of the
Secretary of State at Columbus, Ohio
this 14th day of January, A.D. 2004.

J. Kenneth Blackwell
Ohio Secretary of State

TRADEMARK
REEL: 003146 FRAME: 0002



Prescribed by **J. Kenneth Blackwell**

Ohio Secretary of State
Central Ohio: (614) 466-3910
Toll Free: 1-877-SOS-FILE (1-877-767-3453)

www.state.oh.us/sos
e-mail: busserv@sos.state.oh.us

Expedite this Form: (Select One)

Mail Form to one of the following:

Yes PO Box 1390
Columbus, OH 43216
*** Requires an additional fee of \$100 ***

No PO Box 1028
Columbus, OH 43216

**Certificate of Amendment by
Shareholders or Members
(Domestic)
Filing Fee \$50.00**

RECEIVED STATE SECRETARY OF OHIO
2001 JAN 14 AM 11:49

(CHECK ONLY ONE (1) BOX)

(1) Domestic for Profit <input type="checkbox"/> Amended (122-AMAP)	PLEASE READ INSTRUCTIONS	(2) Domestic Non-Profit <input type="checkbox"/> Amended (126-AMAN)	<input type="checkbox"/> Amendment (128-AMD)
	<input checked="" type="checkbox"/> Amendment (125-AMDS)		

Complete the general information in this section for the box checked above.

Name of Corporation Distribution Technologies, Inc.

Charter Number 726954

Name of Officer Richard J. Manfredi

Title Chairman

Please check if additional provisions attached.

The above named Ohio corporation, does hereby certify that:

A meeting of the shareholders directors (*non-profit amended articles only*)

members was duly called and held on _____ (Date)

at which meeting a quorum was present in person or by proxy, based upon the quorum present, an affirmative vote was cast which entitled them to exercise _____ % as the voting power of the corporation.

In a writing signed by all of the shareholders directors (*non-profit amended articles only*)

members who would be entitled to the notice of a meeting or such other proportion not less than a majority as the articles of regulations or bylaws permit.

Clause applies if amended box is checked.

Resolved, that the following amended articles of incorporations be and the same are hereby adopted to supercede and take the place of the existing articles of incorporation and all amendments thereto.

All of the following information must be completed if an amended box is checked.

If an amendment box is checked, complete the areas that apply.

FIRST: The name of the corporation is: Dedicated Transport, Inc.

SECOND: The place in the State of Ohio where its principal office is located is in the City of:

(city, village or township)

(county)

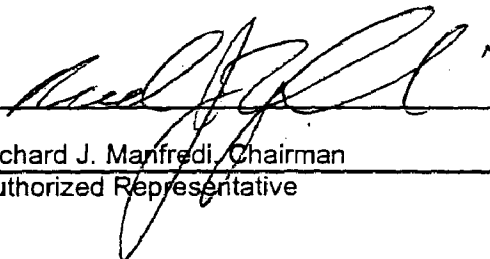
THIRD: The purposes of the corporation are as follows:

[Empty rectangular box for purposes of the corporation]

FOURTH: The number of shares which the corporation is authorized to have outstanding is: _____

(Does not apply to box (2))

REQUIRED
Must be authenticated
(signed) by an authorized
representative
(See Instructions)


Richard J. Marifredi, Chairman
Authorized Representative

01/06/04
Date

Authorized Representative

Date

Authorized Representative

Date