

TRADEMARK ASSIGNMENT

Electronic Version v1.1
 Stylesheet Version v1.1

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	MERGER
EFFECTIVE DATE:	10/30/2009

CONVEYING PARTY DATA

Name	Formerly	Execution Date	Entity Type
Highsmith Acquisition Co.		10/15/2009	CORPORATION: WISCONSIN

RECEIVING PARTY DATA

Name:	Lab Safety Supply, Inc.
Street Address:	401 South Wright Road
City:	Janesville
State/Country:	WISCONSIN
Postal Code:	53546
Entity Type:	CORPORATION: WISCONSIN

PROPERTY NUMBERS Total: 14

Property Type	Number	Word Mark
Registration Number:	2961675	EDUPRESS
Registration Number:	2868493	EDUCATION WITH IMAGINATION
Registration Number:	2598383	UPSTART
Registration Number:	2594703	UPSTART
Registration Number:	1989768	HIGHSMITH
Registration Number:	1886423	UPSTART
Registration Number:	1765834	CORRUBOARD
Registration Number:	1594166	HIGHSMITH
Registration Number:	1590847	HIGHSMITH
Registration Number:	1424677	LEARNING WELL
Registration Number:	1230109	LEARNING WELL
Registration Number:	1179379	PROFESSOR DAVENSTEEV
Registration Number:	1184968	

CH \$365.00 2961675

Registration Number:

1138701

UPSTART

CORRESPONDENCE DATA

Fax Number: (312)251-2897

Correspondence will be sent via US Mail when the fax attempt is unsuccessful.

Phone: 312-368-4000

Email: ch.tm@dlapiper.com

Correspondent Name: Monica L. Thompson

Address Line 1: P.O. Box 64807

Address Line 2: DLA Piper LLP (US)

Address Line 4: Chicago, ILLINOIS 60664-0807

ATTORNEY DOCKET NUMBER:

265387-1

NAME OF SUBMITTER:

Monica L. Thompson

Signature:

/monica l thompson/

Date:

03/19/2010

Total Attachments: 3

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Sec. 180.11045 and
180.1105, Wis.
Stats.
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State of Wisconsin
DEPARTMENT OF FINANCIAL INSTITUTIONS
Division of Corporate & Consumer Services



ARTICLES OF MERGER
Domestic and Foreign For-Profit Corporations

1. Non-Surviving Parties to the Merger:

Corporation Name: Highsmith Acquisition Co.	Organized under the laws of Wisconsin (state or country)
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Does the above named non-surviving party have a fee simple ownership interest in any Wisconsin real estate?

Yes No

If yes, the surviving corporation is required to file a report with the Wisconsin Department of Revenue under sec. 73.14 of the Wisconsin Statutes. (See instructions.)

Corporation Name:	Organized under the laws of (state or country)
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Does the above named non-surviving party have a fee simple ownership interest in any Wisconsin real estate?

Yes No

If yes, the surviving corporation is required to file a report with the Wisconsin Department of Revenue under sec. 73.14 of the Wisconsin Statutes. (See instructions.)

Schedule more non-surviving parties as an additional page and indicate whether the non-surviving party has a fee simple ownership interest in any Wisconsin real estate.

2. Surviving Corporation:

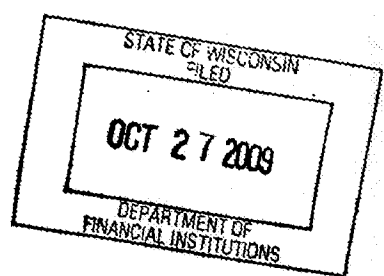
Corporation Name: Lab Safety Supply, Inc.	Organized under the laws of Wisconsin (state or country)
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3. Indicate below if the surviving corporation is an indirect wholly owned subsidiary or parent:

The surviving corporation is a Domestic or Foreign Business Corporation that is an indirect wholly owned subsidiary or parent and the merger was approved in accordance with sec. 180.11045 and the requirements of sec. 180.11045(2) have been satisfied.

The surviving corporation is not a Domestic or Foreign Business Corporation that is an indirect wholly owned subsidiary or parent.

FILING FEE - \$150.00
DFI/CORP/2001(C06/08)



4. The plan of merger has been approved and adopted by each corporation that is a party to the merger as required under sec. 180.1103 or 180.1104, Wis. Stats., as applicable.

5. A. The articles of incorporation of the surviving corporation are amended as follows:

OR

B. If there are no amendments, indicate the name of the corporation that is a party to the merger whose articles of incorporation will be the articles of incorporation of the surviving corporation:

Lab Safety Supply, Inc.

6. The executed plan of merger is on file at the principal place of business of the surviving corporation.

7. The surviving corporation will provide a copy of the plan of merger, upon request and without cost, to any shareholder of a corporation that was a party to the merger or, upon payment to the surviving corporation of an amount equal to the cost of producing the copy, to any other interested person.

8. (OPTIONAL) Effective Date and Time of Merger

These articles of merger, when filed, shall be effective on 10/30/09 (date) at 5:00 p.m. (time).

(An effective date declared under this article may not be earlier than the date the document is delivered to the department for filing, nor more than 90 days after its delivery. If no effective date and time is declared, the effective date and time will be determined by sec. 180.0123.

9. Executed on 10/15/2009 (date) by the surviving corporation on behalf of all parties to the merger.

Mark (X) below the title of the person executing the document.

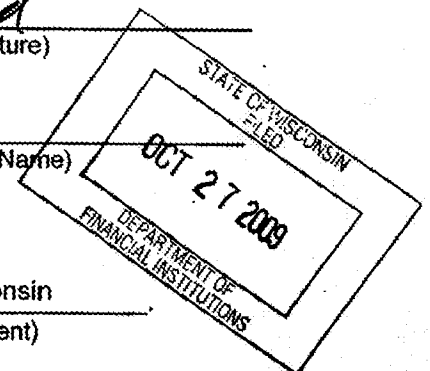
Title: President OR Secretary or other officer title Vice President, General Counsel



(Signature)

John L. Howard

(Printed Name)



This document was drafted by: Document not executed in the State of Wisconsin
(Name the individual who drafted the document)

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Fee simple ownership interest Yes No (for DFI use only)
ARTICLES OF MERGER
Domestic and Foreign Business Corporations

┌
Cristen L. Kogl
100 Grainger Parkway
Lake Forest, IL 60045
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▲ Enter your return address within the bracket above.
Phone number during the day: (847) 535 - 1000

INSTRUCTIONS (Ref. Sec. 180.11045 and 180.1105, Wis. Stats. for document content)

Submit one original and one exact copy along with the required filing fee of \$150.00 to the address listed below. Make checks payable to the "Department of Financial Institutions". Filing fee is non-refundable. Sign the document manually or otherwise allowed under 180.0103(16).

Mailing Address: Department of Financial Institutions Division of Corporate & Consumer Services P O Box 7846 Madison WI 53707-7846	Physical Address for Express Mail: Department of Financial Institutions Division of Corporate & Consumer Services 345 W. Washington Ave - 3 rd Fl. Madison WI 53703	Phone: 608-261-7577 FAX: 608-267-6813 TTY: 608-266-8818
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NOTICE: This form may be used to accomplish a filing required or permitted by statute to be made with the department. Information requested may be used for secondary purposes. This document can be made available in alternate formats upon request to qualifying individuals with disabilities.

1. Enter the corporation name and state or country of organization of each non-surviving party to the merger. Definitions of foreign entity types are set forth in sec. 180.0103 (9), Wis. Stats. Select yes or no to indicate whether the non-surviving party has a fee simple ownership interest in any Wisconsin real estate. See sec. 73.14 and 77.25, Wis. Stats., or contact the Wisconsin Department of Revenue at (608)266-1594 for questions regarding fee simple ownership interest and the filing requirements with that department.
2. Enter the corporation name (prior to any amendment to change the name) and state or country of organization of the surviving corporation.
3. Indicate whether the surviving corporation is an indirect wholly owned subsidiary or parent. See sec. 180.11045, Wis. Stats. for requirements. See sec. 180.11045(1)(b), Wis. Stats. for definition.
4. This statement is required per sec. 180.1105 (1)(cm) of the Wis. Stats.
5. A, OR B. Indicate any amendments to the articles of incorporation of the surviving corporation in section A. If there are no amendments, indicate the name of the corporation that is a party to the merger whose articles of incorporation will be the articles of incorporation of the surviving corporation in section B.
6. This statement is required per sec. 180.1105(f) of the Wis. Stats.
7. This statement is required per sec. 180.1105(g) of the Wis. Stats.
8. (Optional) If the merger is to take effect at a time other than the close of business on the day the articles of merger are delivered to the department for filing, state the effective date or date and time. An effective date may not be earlier than the date the document is delivered to the Department of Financial Institutions, nor a date more than 90 days after its delivery.
9. Enter the date of execution and the name and title of the person signing the document. If the document is executed in Wisconsin, sec. 182.01(3) provides that it shall not be filed unless the name of the person (individual) who drafted it is printed, typewritten or stamped thereon in a legible manner. If the document is not executed in Wisconsin, enter that remark.

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