

RECORDATION FORM COVER SHEET
TRADEMARKS ONLY

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

1. Name of conveying party(ies):

SAPIO Sciences, LLC
205 North George Street
York, PA 17401

- Individual(s)
- Partnership
- Corporation- State: _____
- Other Limited Liability Company
- Association
- Limited Partnership

Citizenship (see guidelines) _____

Additional names of conveying parties attached? Yes No

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

Execution Date(s) 3/30/18

- 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: Velocity, LLC

Street Address: 205 North George Street

City: York

State: PA

Country: USA Zip: 17401

- Individual(s) Citizenship _____
- Association Citizenship _____
- Partnership Citizenship _____
- Limited Partnership Citizenship _____
- Corporation Citizenship _____
- Other LLC Citizenship PA

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) Text
87476940

B. Trademark Registration No.(s)
5,489,963 and 5,490,039

Additional sheet(s) attached? Yes No

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

EXEMPLAR ELN- Reg. No. 5,489,963; EXEMPLAR LIMS-Reg. No. 5,490,039; and VELOCITY- Serial No. 87476940

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

Name: Jeffrey L. Rehmeier II, Esquire

Internal Address: _____

Street Address: 135 North George Street

City: York

State: PA Zip: 17401

Phone Number: 717-848-4900

Docket Number: 38331-1

Email Address: jrehmeyer@cgalaw.com

6. Total number of applications and registrations involved:

3

7. Total fee (37 CFR 2.6(b)(6) & 3.41) \$ 120.00

- Authorized to be charged to deposit account
- Enclosed

8. Payment Information:

Deposit Account Number 503124

Authorized User Name CGA Law Firm

9. Signature:

Signature

Jeffrey L. Rehmeier II

Name of Person Signing

7/9/18

Date

Total number of pages including cover sheet, attachments, and document: 13

Documents to be recorded (including cover sheet) should be faxed to (571) 273-0140, or mailed to:
Mail Stop Assignment Recordation Branch, Director of the USPTO, P.O. Box 1450, Alexandria, VA 22313-1450

TRADEMARK

REEL: 006380 FRAME: 0611

CH \$90.00 87476940

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS
401 NORTH STREET, ROOM 206
P.O. BOX 8722
HARRISBURG, PA 17105-8722
WWW.CORPORATIONS.PA.GOV

PENNCORP SERVICEGROUP INC
counter
Harrisburg PA 17101

SAPIO Sciences, LLC


THE BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS IS HAPPY TO SEND YOUR FILED DOCUMENT. THE BUREAU IS HERE TO SERVE YOU AND WE WOULD LIKE TO THANK YOU FOR DOING BUSINESS IN PENNSYLVANIA.

IF YOU HAVE ANY QUESTIONS PERTAINING TO THE BUREAU, PLEASE VISIT OUR WEBSITE AT www.dos.pa.gov/BusinessCharities OR YOU MAY CONTACT US BY TELEPHONE AT (717)787-1057. INFORMATION REGARDING BUSINESS AND UCC FILINGS CAN BE FOUND ON OUR SEARCHABLE DATABASE AT www.corporations.pa.gov/Search/CorpSearch .

ENTITY NUMBER : 3224439

Entity# : 3224439
 Date Filed : 03/30/2018
 Robert Torres
 Acting Secretary of the Commonwealth

**PENNSYLVANIA DEPARTMENT OF STATE
 BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS**

<input type="checkbox"/> Return document by mail to: BELINDA SCHORY PENNCORP SERVICEGROUP, INC. 600 NORTH SECOND STREET PO BOX 1210 HARRISBURG, PA 17108-1210 <input checked="" type="checkbox"/> Return document by email to: <u>penncorp@penncorp.net</u>	<p align="center">Statement of Division DSCB:15-366 (7/1/2015)</p>  TCO180330JZ0659
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Read all instructions prior

Fee: \$70 plus \$125 for each new association resulting from the division.
 The minimum amount to be submitted with this filing is \$195

In compliance with the requirements of the applicable provisions of 15 Pa.C.S. § 366 (relating to Statement of division), the undersigned domestic entity or foreign association, desiring to effect a division, hereby states that:

A. For the dividing association:

- The name of the dividing association is: SAPIO Sciences, LLC
- The jurisdiction of formation of the dividing association is: Pennsylvania
- The type of association is (check only one):

<input type="checkbox"/> Business Corporation	<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Business Trust
<input type="checkbox"/> Nonprofit Corporation	<input type="checkbox"/> Limited Liability (General) Partnership	<input type="checkbox"/> Professional Association
<input checked="" type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Limited Liability Limited Partnership	<input type="checkbox"/> Other _____
- Check and complete one of the following addresses.

<input checked="" type="checkbox"/>	<p>If the dividing association is a domestic filing association, domestic limited liability partnership or registered foreign association, the current registered office address as on file with the Department of State. Complete part (a) OR (b) – not both:</p> <p>(a) <u>205 N. George Street</u> <u>York</u> <u>PA</u> <u>17401</u> <u>York</u> Number and street City State Zip County</p> <p>(b) c/o: _____ Name of Commercial Registered Office Provider County</p>
<input type="checkbox"/>	<p>If the dividing association is a domestic association that is not a domestic filing association or limited liability partnership, the address, including street and number, if any, of its principal office:</p> <p>_____ Number and street City State Zip County</p>
<input type="checkbox"/>	<p>If the dividing association is a nonregistered foreign association, the address, including street and number, if any, of its registered or similar office, if any, required to be maintained by the law of its jurisdiction of formation; or if it is not required to maintain a registered or similar office, its principal office address:</p> <p>_____ Number and street City State Zip</p>

5. Check one of the following: The dividing association will survive the division.
 The dividing association will not survive the division.

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B. For the resulting association(s) that are created by the division:

1. The name of the resulting association is: The SAPIO Group, LLC

2. The jurisdiction of formation of the resulting association: Pennsylvania

3. The type of association is (check only one):

<input type="checkbox"/> Business Corporation	<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Business Trust
<input type="checkbox"/> Nonprofit Corporation	<input type="checkbox"/> Limited Liability (General) Partnership	<input type="checkbox"/> Professional Association
<input checked="" type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Limited Liability Limited Partnership	<input type="checkbox"/> Other _____

4. Check and complete one of the following addresses.

<input checked="" type="checkbox"/>	<p>If the resulting association is a domestic filing association, domestic limited liability partnership or registered foreign association, its registered office address. Complete part (a) OR (b) – not both:</p> <p>(a) <u>205 N. George Street</u> <u>York</u> <u>PA</u> <u>17401</u> <u>York</u></p> <p style="text-align: center;">Number and street City State Zip County</p> <p>(b) c/o: _____</p> <p style="text-align: center;">Name of Commercial Registered Office Provider County</p>
<input type="checkbox"/>	<p>If the resulting association is a domestic association that is not a domestic filing association or limited liability partnership, the address, including street and number, if any, of its principal office:</p> <p>_____</p> <p style="text-align: center;">Number and street City State Zip County</p>
<input type="checkbox"/>	<p>If the resulting association is a nonregistered foreign association, the address, including street and number, if any, of its registered or similar office, if any, required to be maintained by the law of its jurisdiction of formation; or if it is not required to maintain a registered or similar office, its principal office address:</p> <p>_____</p> <p style="text-align: center;">Number and street City State Zip</p>

5. The property and liabilities of the dividing association that are to be allocated to this resulting association are:

See Exhibit A attached hereto.

Use Statement of Division – Addendum (DSCB:15-366AD)
additional resulting associations created by the division.

DSCB:15-366-3

C. Effective date of statement of division (check, and if appropriate complete, one of the following):

- This Statement of Division shall be effective upon filing in the Department of State.
- This Statement of Division shall be effective on: _____ at _____
Date (MM/DD/YYYY) Hour (if any)

D. Approval of division by dividing association (check only one):


- For a dividing association that is a domestic entity – The division was approved in accordance with 15 Pa.C.S. Chapter 3, Subchapter F (relating to division).
- For a dividing association that is foreign association – The division was approved in accordance with the law of the jurisdiction of formation of the dividing association.

E. Attachments (see instructions for required and optional attachments).

IN TESTIMONY WHEREOF, the undersigned dividing association has caused this Statement of Division to be signed by a duly authorized officer thereof this 26th day of March, 2018.

SAPIO Sciences, LLC

Name of Dividing Association



Signature

President

Title

Exhibit A
To Statement of Division

The property and liabilities of the dividing association that are to be allocated to this resulting association are:

- One-half (1/2) of the cash of dividing association
- Programming code relating to laboratory information management systems
- Intellectual property related to laboratory information management systems, including copyrights and trademarks
- One-half (1/2) of the tangible assets of dividing association, including computers, servers, and office furniture
- All rights to the name SAPIO Sciences, LLC

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
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401 NORTH STREET, ROOM 206
P.O. BOX 8722
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WWW.CORPORATIONS.PA.GOV

PENNCORP SERVICEGROUP INC
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PA

Velocity, LLC


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ENTITY NUMBER : 3224439

Entity# : 3224439
Date Filed : 04/10/2018
Robert Torres
Acting Secretary of the Commonwealth

PENNSYLVANIA DEPARTMENT OF STATE
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS

<input type="checkbox"/> Return document by mail to: PENNCORP SERVICEGROUP COUNTER PICK-UP 6593 <input checked="" type="checkbox"/> Return document by email to: <u>penncorp@penncorp.net</u>	Certificate of Amendment - Domestic Limited Partnership/Limited Liability Company  TCO180410JM0573
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Read all instructions prior to completing. This form may be submitted online at <https://www.corporations.pa.gov/>.

Fee: \$70

Check one: Limited Partnership (§ 8622) Limited Liability Company (§ 8822)

In compliance with the requirements of the applicable provisions (relating to Amendment or Restatement of Certificate), the undersigned, desiring to amend or restate its Certificate of Limited Partnership/Certificate of Organization, hereby certifies that:

1. The name of the limited partnership/limited liability company is: SAPIO Sciences, LLC

2. The date of filing of the original Certificate of Limited Partnership/Certificate of Organization is:

05/21/2004
Date (MM/DD/YYYY)

3. The current registered office address as on file with the Department of State. Complete part (a) OR (b) – not both:

(a) 205 N. George Street York PA 17401 York
Number and street City State Zip County

(b) c/o: _____
Name of Commercial Registered Office Provider County

4. Check, and if appropriate complete, one of the following:

The amendment adopted by the limited partnership/limited liability company, set forth in full, is as follows:

The Name of the limited liability company is: Velocity, LLC

The amendment adopted by the limited partnership/limited liability company is set forth in full in Exhibit A attached hereto and made a part hereof.

5. Effective date of amendment (check, and if appropriate complete, one of the following):

The amendment shall be effective upon filing this Certificate of Amendment in the Department of State.

The amendment shall be effective on: _____ at _____
Date (MM/DD/YYYY) Hour (if any)

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