

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

ETAS ID: TM588852

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	ENTITY CONVERSION		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
Tranlations.com, Inc.		08/06/2018	Corporation: DELAWARE
RECEIVING PARTY DATA			
Name:	Translations.com, Inc.		
Street Address:	3 Park Avenue		
City:	New York		
State/Country:	NEW YORK		
Postal Code:	10016		
Entity Type:	Corporation: NEVADA		
PROPERTY NUMBERS Total: 2			
Property Type	Number	Word Mark	
Registration Number:	3493424	TRANSSTUDIO	
Registration Number:	3468972	TRANSLATOR STUDIO	
CORRESPONDENCE DATA			
Fax Number:			
<i>Correspondence will be sent to the e-mail address first; if that is unsuccessful, it will be sent using a fax number, if provided; if that is unsuccessful, it will be sent via US Mail.</i>			
Phone:	6468982030		
Email:	docket@peroffsaunders.com		
Correspondent Name:	Mark I. Peroff		
Address Line 1:	745 5th Avenue, Suite 500		
Address Line 2:	Peroff Saunders P.C.		
Address Line 4:	New York, NEW YORK 10151		
NAME OF SUBMITTER:	Mark I. Peroff		
SIGNATURE:	/MarkIPeroff/		
DATE SIGNED:	07/28/2020		
Total Attachments: 9			
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Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF CONVERSION OF "TRANSLATIONS.COM, INC.", FILED IN THIS OFFICE ON THE SIXTH DAY OF AUGUST, A.D. 2018, AT 1:58 O`CLOCK P.M.

A FILED COPY OF THIS CERTIFICATE HAS BEEN FORWARDED TO THE NEW CASTLE COUNTY RECORDER OF DEEDS.

AND I DO HEREBY FURTHER CERTIFY THAT THE CORPORATION HAS FILED ALL DOCUMENTS AND PAID ALL FEES REQUIRED, AND THEREUPON THE CORPORATION SHALL CEASE TO EXIST AS A CORPORATION OF THE STATE OF DELAWARE.




Jeffrey W. Bullock, Secretary of State

3124114 0265C
SR# 20186028322

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203196228
Date: 08-06-18

TRADEMARK
REEL: 007009 FRAME: 0423

STATE OF DELAWARE
CERTIFICATE OF CONVERSION
FROM A DELAWARE CORPORATION
TO A NON-DELAWARE ENTITY
PURSUANT SECTION 266 OF THE
GENERAL CORPORATION LAW

1.) The name of the Corporation is translations.com, inc.

(If changed, the name under which it's certificate of incorporation was originally filed was _____.)

2.) The date of filing of its original certificate of incorporation with the Secretary of State is November 10, 1999

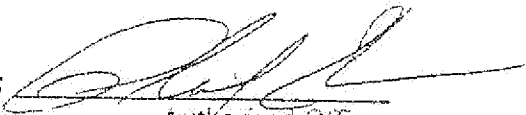
3.) The jurisdiction to which the corporation shall convert to is Nevada and the name under which the entity shall be known as is translations.com, inc.

4.) The conversion has been approved in accordance with this section;

5.) The corporation may be served with process in the State of Delaware in any action, suit or proceeding for enforcement of any obligation of the corporation arising while it was a corporation of the State of Delaware, and that it irrevocably appoints the Secretary of State as its agent to accept service of process in any such action, suit or proceeding.

6.) The address to which a copy of the process shall be mailed to by the Secretary of State is CSC Services of Nevada, Inc., 2215-B Renaissance Drive, Las Vegas NV 89119

In Witness Whereof, the undersigned have executed this Certificate of Conversion on this 19 day of July, A.D. 2018

By: 
Authorized Officer

Name: Philip R. Shawe, President
Print or Type Name and Title



BARBARA K. CEGAVSKE
 Secretary of State
 202 North Carson Street
 Carson City, Nevada 89701-4201
 (775) 684-5708
 Website: www.nvsoa.gov



048105

Filed in the office of <i>Barbara K. Cegavske</i>	Document Number 20180347526-88
Barbara K. Cegavske Secretary of State State of Nevada	Filing Date and Time 08/06/2018 9:43 AM
	Entity Number E0369732018-5

Articles of Incorporation
 (PURSUANT TO NRS CHAPTER 78)

USE BLACK INK ONLY - DO NOT HIGHLIGHT

ABOVE SPACE IS FOR OFFICE USE ONLY

1. Name of Corporation:	translations.com, inc.		
2. Registered Agent for Service of Process: (check only one box)	<input checked="" type="checkbox"/> Commercial Registered Agent: CSC Services of Nevada, Inc. <small>Name</small> <input type="checkbox"/> Noncommercial Registered Agent (name and address below) OR <input type="checkbox"/> Office or Position with Entity (name and address below) <small>Name of Noncommercial Registered Agent OR Name of Title of Office or Other Position with Entity</small> <small>Street Address</small> <small>City</small> Nevada <small>Zip Code</small> <small>Mailing Address (if different from street address)</small> <small>City</small> Nevada <small>Zip Code</small>		
3. Authorized Stock: (number of shares corporation is authorized to issue)	Number of shares with par value: 310,000	Par value per share: \$ 0.01	Number of shares without par value:
4. Names and Addresses of the Board of Directors/ Trustees: (each Director/Trustee must be a natural person at least 18 years of age, attach additional page if more than two directors/ trustees)	1) Philip R. Shawe <small>Name</small> TransPerfect Global, Inc., 3 Park Avenue New York NY 10016 <small>Street Address</small> <small>City</small> <small>State</small> <small>Zip Code</small> 2) Shirley Shawe <small>Name</small> TransPerfect Global, Inc., 3 Park Avenue New York NY 10016 <small>Street Address</small> <small>City</small> <small>State</small> <small>Zip Code</small>		
5. Purpose: (optional; required only if Benefit Corporation status selected)	The purpose of the corporation shall be:	6. Benefit Corporation: (see instructions) <input type="checkbox"/> Yes	
7. Name, Address and Signature of Incorporator: (attach additional page if more than one incorporator)	I declare, to the best of my knowledge under penalty of perjury, that the information contained herein is correct and acknowledge that pursuant to NRS 238.130, it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State. Philip R. Shawe <small>Name</small> TransPerfect Global, Inc., 3 Park Avenue New York NY 10016 <small>Address</small> <small>City</small> <small>State</small> <small>Zip Code</small> <small>Incorporator Signature</small>		
8. Certificate of Acceptance of Appointment of Registered Agent:	I hereby accept appointment as Registered Agent for the above named Entity. If the registered agent is unable to sign, the Articles of Incorporation shall be signed by the Secretary of State. <input checked="" type="checkbox"/> By: <small>Authorized Signature of Registered Agent or On Behalf of Registered Agent Entity</small>		07/19/2018 <small>Date</small>

This form must be accompanied by appropriate fees.

Nevada Secretary of State (NRS 78) Articles
 Revised: 8-26-11

TRADEMARK
REEL: 007009 FRAME: 0425

Articles of Incorporation

4. Names and Addresses of the Board of Directors continued:

Name: Roy Trujillo
Address: TransPerfect Global, Inc.
3 Park Avenue
New York, NY 10016

Initial List of Officers, Directors and State Business License Application

Name: Roy Trujillo, Director
Address: TransPerfect Global, Inc.
3 Park Avenue
New York, NY 10016

Name: Shirley Shawa, Director
Address: TransPerfect Global, Inc.
3 Park Avenue
New York, NY 10016



BARBARA K. CEGAVSKE
 Secretary of State
 202 North Carson Street
 Carson City, Nevada 89701-4201
 (775) 684-5708
 Website: www.nvsos.gov



JRO304

**Registered Agent
 Acceptance**

(PURSUANT TO NRS 77.310)

This form may be submitted by: a Commercial Registered Agent, Noncommercial Registered Agent or Represented Entity. For more information please visit <http://www.nvsos.gov/index.aspx?page=141>

USE BLACK INK ONLY - DO NOT HIGHLIGHT

ABOVE SPACE IS FOR OFFICE USE ONLY

Certificate of Acceptance of Appointment by Registered Agent

In the matter of translations.com, inc.

Name of Represented Business Entity

I, CSC Services of Nevada, Inc.

am a:

Name of Appointed Registered Agent OR Represented Entity Serving as Own Agent*

(complete only one)

- a) commercial registered agent listed with the Nevada Secretary of State,
- b) noncommercial registered agent with the following address for service of process:

Street Address _____ City _____ Nevada _____ Zip Code _____
 Mailing Address (if different from street address) _____ City _____ Nevada _____ Zip Code _____

- c) represented entity accepting own service of process at the following address:

Title of Office or Position of Person in Represented Entity _____
 Street Address _____ City _____ Nevada _____ Zip Code _____
 Mailing Address (if different from street address) _____ City _____ Nevada _____ Zip Code _____

and hereby state that on _____ Date
 the above named business entity.

I accepted the appointment as registered agent for

 Authorized Signature of R.A. or On Behalf of R.A. Company

Date

8.3.18

*If changing Registered Agent when reinstating, officer's signature required.

Signature of Officer

Date

Nevada Secretary of State Form RA Acceptance
 Revised: 1-5-15



140503




BARBARA K. CEGAVSKE
Secretary of State
202 North Carson Street
Carson City, Nevada 89701-4201
(775) 684-5708
Website: www.nvsoe.gov

Filed in the office of <i>Barbara K. Cegavske</i>	Document Number 20180347524-66
Barbara K. Cegavske Secretary of State State of Nevada	Filing Date and Time 08/06/2018 9:43 AM
	Entity Number E0369732018-5

Articles of Domestication
(PURSUANT TO NRS 92A.270)

USE BLACK INK ONLY - DO NOT HIGHLIGHT

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1. Entity Name and Type of Domestic Entity as set forth in its Constituent Documents:	translations.com, inc. Corporation
2. Entity Name Before Filing Articles of Domestication:	translations.com, inc.
3. Date and Jurisdiction of Original Formation:	November 10, 1999 Delaware
4. Jurisdiction that Constituted the Principal Place of Business, Central Administration or Equivalent of the Undomesticated Entity Immediately Before Articles of Domestication:	Delaware
5. Signature of Authorized Representative:	 Authorized Signature July 19, 2018 Date

Filing Fee: \$350.00

IMPORTANT: This document must be accompanied by the appropriate constituent document for the type of domestic entity described in article 1 above and the filing fees.

This form must be accompanied by appropriate fees.

Nevada Secretary of State NRS 92A Domestication
Revised: 1-5-13

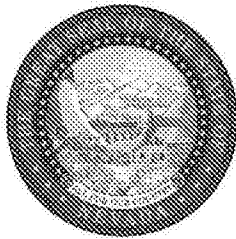
TRADEMARK
REEL: 007009 FRAME: 0428

SECRETARY OF STATE



**CORPORATE CHARTER
(DOMESTICATION)**

I, Barbara K. Cegavske, the duly elected and qualified Nevada Secretary of State, do hereby certify that **TRANSLATIONS.COM, INC.** did on August 6, 2018, file in this office Articles of Domestication and Articles of Incorporation; that said Articles are now on file and of record in the office of the Secretary of State of the State of Nevada, and further, that said Articles contain all the provisions required by the law of said State of Nevada.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on August 6, 2018.

Barbara K. Cegavske

Barbara K. Cegavske
Secretary of State

Certified By: Amy Brewer
Certificate Number: C20180806-0457

TRADEMARK

REEL: 007009 FRAME: 0429

(PROFIT) INITIAL/ANNUAL LIST OF OFFICERS, DIRECTORS AND STATE BUSINESS LICENSE APPLICATION OF:

ENTITY NUMBER

TRANSLATIONS.COM, INC.
NAME OF CORPORATION

FOR THE FILING PERIOD OF 07/01/2018 TO 07/01/2019

USE BLACK INK ONLY - DO NOT HIGHLIGHT

Filed in the office of <i>Barbara K. Cegavske</i> Barbara K. Cegavske Secretary of State State of Nevada	Document Number 20180347527-99 Filing Date and Time 08/06/2018 9:43 AM Entity Number E0369732018-5
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Return one file stamped copy. (If filing not accompanied by order instructions, file stamped copy will be sent to registered agent.)

IMPORTANT: Read instructions before completing and returning this form.

- Print or type names and addresses, either residence or business, for all officers and directors. A President, Secretary, Treasurer, or equivalent of and all Directors must be named. There must be at least one director. An Officer must sign the form. **FORM WILL BE RETURNED IF UNSIGNED.**
- If there are additional officers, attach a list of them to this form.
- Return the completed form with the filing fee. Annual list fee is based upon the current total authorized stock as explained in the Annual List Fee Schedule For Profit Corporations. A \$75.00 penalty must be added for failure to file this form by the deadline. An annual list received more than 60 days before its due date shall be deemed an amended list for the previous year.
- State business license fee is \$500.00/\$200.00 for Professional Corporations filed pursuant to NRS Chapter 69. Effective 2/1/2016, \$100.00 must be added for failure to file form by deadline.
- Make your check payable to the Secretary of State.
- Ordering Copies:** If requested above, one file stamped copy will be returned at no additional charge. To receive a certified copy, enclose an additional \$30.00 per certification. A copy fee of \$2.00 per page is required for each additional copy generated when ordering 2 or more file stamped or certified copies. Appropriate instructions must accompany your order.
- Return the completed form to: Secretary of State, 202 North Carson Street, Carson City, Nevada 89701-4201, (775) 694-5708.
- Form must be in the possession of the Secretary of State on or before the last day of the month in which it is due. (Postmark date is not accepted as receipt date.) Forms received after due date will be returned for additional fees and penalties. Failure to include annual list and business license fees will result in rejection of filing.

ABOVE SPACE IS FOR OFFICE USE ONLY

CHECK ONLY IF APPLICABLE AND ENTER EXEMPTION CODE IN BOX BELOW

- Pursuant to NRS Chapter 78, this entity is exempt from the business license fee. Exemption code: **NRS 76.020 Exemption Codes**
 NOTE: If claiming an exemption, a notarized Declaration of Eligibility form must be attached. Failure to attach the Declaration of Eligibility form will result in rejection, which could result in late fees. **001 - Governmental Entity**
 This corporation is a publicly traded corporation. The Central Index Key number is: **006 - NRS 6809.020 Insurance Co**
 This publicly traded corporation is not required to have a Central Index Key number.

NAME Philip R. Shawe	TITLE(S) PRESIDENT (OR EQUIVALENT OF)
ADDRESS TransPerfect Global, Inc., 3 Park Avenue	CITY STATE ZIP CODE New York NY 10016
NAME Roy Trujillo	TITLE(S) SECRETARY (OR EQUIVALENT OF)
ADDRESS TransPerfect Global, Inc., 3 Park Avenue	CITY STATE ZIP CODE New York NY 10016
NAME Philip R. Shawe	TITLE(S) TREASURER (OR EQUIVALENT OF)
ADDRESS TransPerfect Global, Inc., 3 Park Avenue	CITY STATE ZIP CODE New York NY 10016
NAME Philip R. Shawe	TITLE(S) DIRECTOR
ADDRESS TransPerfect Global, Inc., 3 Park Avenue	CITY STATE ZIP CODE New York NY 10016

None of the officers or directors identified in the list of officers has been identified with the fraudulent intent of concealing the identity of any person or persons exercising the power of authority of an officer or director to furtherance of any unlawful conduct.

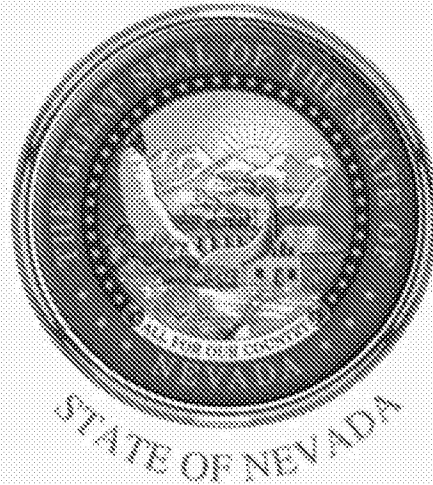
I declare, to the best of my knowledge under penalty of perjury, that the information contained herein is correct and acknowledge that pursuant to NRS 238.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State.

X 
Signature of Officer or
Other Authorized Signature

Title _____ Date 07/19/2018

Nevada Secretary of State List Profit
Form: 100103 Revised: 11-7-17

SECRETARY OF STATE



NEVADA STATE BUSINESS LICENSE

TRANSLATIONS.COM, INC.
Nevada Business Identification # NV20181557719

Expiration Date: August 31, 2019

In accordance with Title 7 of Nevada Revised Statutes, pursuant to proper application duly filed and payment of appropriate prescribed fees, the above named is hereby granted a Nevada State Business License for business activities conducted within the State of Nevada.

Valid until the expiration date listed unless suspended, revoked or cancelled in accordance with the provisions in Nevada Revised Statutes. License is not transferable and is not in lieu of any local business license, permit or registration.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on August 6, 2018

Barbara K. Cegavske

Barbara K. Cegavske
Secretary of State

You may verify this license at www.nvsos.gov under the Nevada Business Search.

License must be cancelled on or before its expiration date if business activity ceases. Failure to do so will result in late fees or penalties which by law cannot be waived.

TRADEMARK