

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
 Stylesheet Version v1.2

ETAS ID: TM801104

SUBMISSION TYPE:	RESUBMISSION		
NATURE OF CONVEYANCE:	ENTITY CONVERSION		
RESUBMIT DOCUMENT ID:	900753949		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
W.A. Whitney Co.		02/09/2023	Corporation: ILLINOIS
RECEIVING PARTY DATA			
Name:	W.A. Whitney, LLC		
Street Address:	208 S. La Salle St		
Internal Address:	Suite 814		
City:	Chicago		
State/Country:	ILLINOIS		
Postal Code:	60604		
Entity Type:	Limited Liability Company: ILLINOIS		
PROPERTY NUMBERS Total: 4			
Property Type	Number	Word Mark	
Registration Number:	1914550	TRUECUT	
Registration Number:	1847580	WHITNEY	
Registration Number:	2379916	PLATELASER	
Registration Number:	2927750	44TC	
CORRESPONDENCE DATA			
Fax Number:	4142974900		
<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:	4142712400		
Email:	ncampos@foley.com		
Correspondent Name:	Chris King		
Address Line 1:	777 E. Wisconsin Avenue		
Address Line 4:	Milwaukee, WISCONSIN 53202-5306		
ATTORNEY DOCKET NUMBER:	128226-0115		
NAME OF SUBMITTER:	Nissa Campos		
SIGNATURE:	/Nissa Campos/		
DATE SIGNED:	04/06/2023		

Total Attachments: 5

source=W.A. WHITNEY, LLC - IL - Certified Copy of All Charter Documents 2-14-2023#page1.tif

source=W.A. WHITNEY, LLC - IL - Certified Copy of All Charter Documents 2-14-2023#page2.tif

source=W.A. WHITNEY, LLC - IL - Certified Copy of All Charter Documents 2-14-2023#page3.tif

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OFFICE OF THE SECRETARY OF STATE

ALEXI GIANNOULIAS-Secretary of State

1255469-9

FEBRUARY 16, 2023

AMLACNIK@COGENCYGLOBAL.COM

RE W.A. WHITNEY, LLC

DEAR SIR OR MADAM:

ENCLOSED PLEASE FIND THE CERTIFIED COPY REQUESTED CONCERNING THE ABOVE REFERENCED LIMITED LIABILITY COMPANY.

THE ATTACHED WAS ASSIGNED AUTHENTICATION NUMBER 2304700549.

THE REQUIRED FEE IS HEREBY ACKNOWLEDGED.

SINCERELY YOURS,

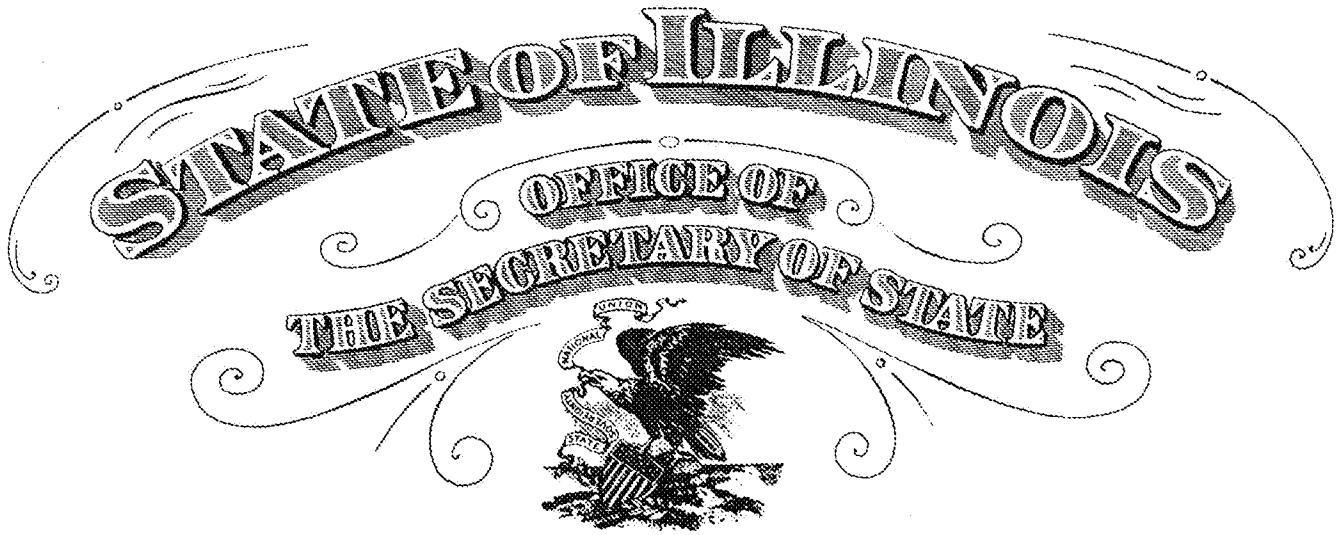
ALEXI GIANNOULIAS
SECRETARY OF STATE

DEPARTMENT OF BUSINESS SERVICES
LIMITED LIABILITY COMPANY DIVISION
TELEPHONE: (217) 524-8008

AG:LLC

File Number

1255469-9



To all to whom these Presents Shall Come, Greeting:

I, Alexi Giannoulas, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

ATTACHED HERETO IS A TRUE AND CORRECT COPY, CONSISTING OF 3 PAGE(S), AS TAKEN FROM THE ORIGINAL ON FILE IN THIS OFFICE FOR W.A. WHITNEY, LLC.



In Testimony Whereof, I hereto set
my hand and cause to be affixed the Great Seal of
the State of Illinois, this 16TH
day of FEBRUARY A.D. 2023 .

Alexi Giannoulas

SECRETARY OF STATE

Authentication #: 2304700549 verifiable until 02/16/2024.
Authenticate at: <https://www.ilsos.gov>

TRADEMARK
REEL: 008025 FRAME: 0795

EOA 205

Illinois Secretary of State
Department of Business Services
STATEMENT OF CONVERSION

Secretary of State
Department of Business Services
501 S. Second St., Rm. 350
Springfield, IL 62756
217-782-6961
www.ilsos.gov

Remit payment in the form of a cashier's check, a certified check, a money order, or an Illinois attorney's or a CPA's check payable to Secretary of State.

PAID

FEB 14 2023

DEPARTMENT OF
BUSINESS SERVICES

FILED

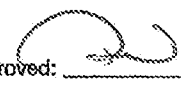
FEB 14 2023

ALEXI GIANNOULIAS
SECRETARY OF STATE

12554699

New Entity File Number

Filing Fee: \$100

Approved: 

Submit in duplicate

Type or print clearly in black ink

Do not write above this line

Converting Entity

Current file number: 16767328

1. Converting Entity Name: W. A. Whitney Co.

2. Current Entity Type: (select only one)

☒ For Profit Corporation

☐ Limited Liability Company

☐ General Partnership

☐ Limited Liability Partnership

☐ Limited Partnership

☐ Not For Profit

☐ LWCA

3. Jurisdiction and Date of Incorporation/Organization: Illinois December 1, 1922

4. The conversion is authorized by the law of the foreign entity's jurisdiction of organization.

New Entity

5. Converted Entity Name: W.A. Whitney, LLC

6. Converted Entity Type: (select only one)

☐ For Profit Corporation

☒ Limited Liability Company

☐ General Partnership

☐ Limited Liability Partnership

☐ Limited Partnership

☐ Not For Profit

☐ LWCA

7. Jurisdiction of Incorporation/Organization: Illinois

8. The Converted Entity: (select only one)

☒ Intends to transact business in Illinois ☐ will not be transacting business in Illinois (Please set forth address below.)

Address for Service of Process: 208 S. La Salle St., Suite 814

(P.O. Box alone is not acceptable) Chicago, IL 60604

9. Effective Date of Conversion: ☐ If a future date is chosen, MUST be within 90 days of filing.

☒ Upon Filing

☐ Future Effective Date: _____

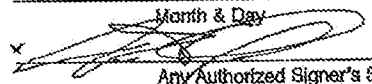
The Conversion was approved in accordance with Section 205 of the Entity Omnibus Act.
The formation document and fee for the Converted Entity must be attached.

10. The undersigned Entity has caused this statement to be signed by a duly authorized signer who affirms, under penalties of perjury, that the facts stated herein are true and correct. All signatures must be in **BLACK INK**.

Dated February 9, 2023

W. A. Whitney Co.

Exact Name of Converting Entity


Any Authorized Signer's Signature

John P. Claxton, Chief Financial Officer & Treasurer

Name and Title (type or print)

Printed by authority of the State of Illinois, July 2021 -- 1 -- C 349.4

TRADEMARK

REEL: 008025 FRAME: 0796

12554699

Form **LLC-5.5**
February 2022Secretary of State
Department of Business Services
Limited Liability Division
501 S. Second St., Rm. 351
Springfield, IL 62758
217-524-8008
llsos.govPayment must be made by certified
check, cashier's check, Illinois attorney's
check, C.P.A.'s check or money order
payable to Secretary of State.Illinois
Limited Liability Company Act
Articles of Organization**SUBMIT IN DUPLICATE**

Type or print clearly.

Filing Fee: \$150

Approved: 

FILE #

This space for use by Secretary of State.

FILED

FEB 14 2023

ALEXI GIANNOULIAS
SECRETARY OF STATE1. Limited Liability Company name (see Note 1): W.A. Whitney, LLC2. Address of principal place of business where records of the company will be kept: (P.O. Box alone or c/o is unacceptable.)
650 Race Street, Rockford, Illinois 61105

3. Articles of Organization effective on: (check one)

☒ the filing date☐ a later date (not to exceed 60 days after the filing date): _____

Month, Day, Year

4. Registered agent's name and registered office address:

Registered agent: CT Corporation System(P.O. Box alone or
c/o is unacceptable.)

First Name

Middle Initial

Last Name

Registered office: 208S. La SalleSuite 814

Number

Street

Suite #

Chicago,IL60604

City

ZIP

Note: The registered agent must reside in Illinois. If the agent is a business entity, it must be authorized to act as agent in this state.

5. Purpose(s) for which the Limited Liability Company is organized: (see Note 2)

The transaction of any or all lawful business for which Limited Liability Companies may be organized under this Act
and/or exclusively for the purpose(s) stated below:**PAID**

FEB 14 2023

DEPARTMENT OF
BUSINESS SERVICES6. The duration of the company is perpetual unless otherwise stated. If the operating agreement provides for a dissolution date, enter
that date here: _____
Month/Day Year

LLC-5.5

7. **Optional:** Other provisions for the regulation of the internal affairs of the company: (If additional space is needed, use standard sized paper.) _____

8. The Limited Liability Company has or will have on the effective date of filing one or more members.

9. Name(s) and business address(es) of the manager(s) and any member with the authority of manager:

Mega Fabrication, Inc. 650 Race Street Rockford, IL 61105

Name	Number & Street	City	State	ZIP
Name	Number & Street	City	State	ZIP
Name	Number & Street	City	State	ZIP
Name	Number & Street	City	State	ZIP
Name	Number & Street	City	State	ZIP

(If additional space is needed, use standard sized paper.)

10. **Name and Address of Organizer(s):**

I affirm, under penalties of perjury, having authority to sign hereto, that these Articles of Organization are to the best of my knowledge and belief, true, correct and complete.

Dated: February 9, 2023
 Month/Day Year

1. 
 Signature
 John P. Claxton, Chief Financial Officer and Treasurer
 Name and Title (type or print)

Mega Fabrication, Inc.
 If organizer is signing for a company or other entity,
 state name of company or entity.

2. _____
 Signature

 Name (type or print)

 If organizer is signing for a company or other entity,
 state name of company or entity.

1. 1 N. Main, Suite 604
 Number Street
 Hutchinson
 City

Kansas 67501
 State ZIP

2. _____
 Number Street

 City

 State ZIP

Note 1: The Limited Liability Company name cannot contain any of the following terms or abbreviations: Corporation, Corp., Incorporated, Inc., Ltd., Co., Limited Partnership or L.P. The name must contain the term **Limited Liability Company, LLC or L.L.C.** If a company is providing professional services licensed by the Illinois Department of Professional Regulation, the name must contain the term or abbreviation **Professional Limited Liability Company, PLLC or P.L.L.C.**

Note 2: A professional limited liability company must state the specific professional service or related professional services to be rendered by the professional limited liability company.