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Reel # Frame #	<u> </u>				
Conveying Party(ies)		Execution Date	(s)		
1. Omni Corporation		063099			
2. 3.					
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6.					
Mark if Additional Names of Conveying Parties Attache	لد	į vario			
Receiving Party	<u> </u>				
Name Sta-Rite Industries, Inc.		ķ			
Name Sta-rittle industries, inc.					
Address 293 Wright Street					
Address					
Address Delavan WI		53115			
City State/Cou	ntrv	Zip Code			
Mark if Additional Names of Receiving Parties Attached		zip oode			
Correspondent Name and Address					
James B. Muskal		Telephone: (312)	616-5600		
Leydig, Voit & Mayer, Ltd.		Facsimile: (312)			
Two Prudential Plaza, Suite 4900		Attorney Docket			
Chicago, Illinois 60601-6780		•			
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Patent Application Numbers	D040744	Patent Numbers D342986	D410728		
09295560	D316741	D342300	10720		
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application was signed by the first named executing invento	·r.				
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Fee Amount	ee Amount for Prope	erties Listed (37 CI	FR 3.41): \$200.00		
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Method of Payment:					
Enclosed is a check in the amount of \$200.00					
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Statement and Signature					
To the best of my knowledge and belief, the loregoing information are authorized, as indicated herein.					
true copy of the original document. Charges to deposit account and					
5/-3	11/20///	January 11, 200	1		
James B. Muskal	nature		Date		
Name of Person Signing Sig					
01/26/2001 AAHMED1 00000036 09295560					
01 FC:581					

### United States of America

State of Wisconsin



#### DEPARTMENT OF FINANCIAL INSTITUTIONS

To All to Whom These Presents Shall Come, Greeting:

I, RAY ALLEN, Administrator, Division of Corporate & Consumer Services, Department of Financial Institutions, do hereby certify that the annexed copy has been compared with the document on file in the Corporation Section of the Division of Corporate & Consumer Services of this department, and that the same is a true copy thereof; and that I am the legal custodian of said document, and that this certification is in due form.



DATE: JAN -3 2001

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the official seal of the Department.

RAY ALLEN, Administrator

Division of Corporate & Consumer Services Department of Financial Institutions

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Effective July 1, 1996, the Department of Financial Institutions assumed the functions previously performed by the Corporations Division of the Secretary of State and is the successor custodian of corporate records formerly held by the Secretary of State.

Sec. 180.1101, 180.1105 & 180.1107, Wis. Stats.

# State of Wisconsin Department of Financial Institutions

# ARTICLES OF MERGER

(Domestic, for-profit Corporation with Foreign, for-profit corporation)

A. Name and state of incorporation of the merging (non-surviving) corporation(s):

Name: Omni Corporation		State of Incorporation: Illinois		
Nan	III Corporation	State of Lincorporacion:		
В.	Name (prior to any amendment in the incorporation of the surviving corpora	Plan of Merger to change the name) and stattion:		50 <b>.</b> 00
Nan Sta-	ne: Rite Industries, Inc.	State of Incorporation: Wisconsin		
C.	The adopted Plan of Merger (the "Plan	") is attached as Exhibit A.		
D.	accordance with the laws of the stat	eign corporation that is a party to the merge e under which it was incorporated, and by to the merger in accordance with (select and	each	
	(X) Sec. 180.1103, Wis. Stats.	OR ( ) Sec. 180.1104, Wis. Stats.		
F.	(OPTIONAL) These articles of merging Select, complete and (X) mark one of the select o	er, when filed, shall be effective (See instruct the following):	ions.	
	( ) At the time and date set by se	rc. 180.0123(1), Wis. Stats.		
	OR (X) as of July 1, 1999 (date)	ACCT# 0000011149 CLASS TRX# 0001074003	00DE ( \$25)	34U , 00
F.	Executed on	(date) by the surviving corporation on behalf  William (Signature)		
	•	(Signature)	99 JUL	SELEC
Titl or c	e: ( ) President (x) Secretary other officer title	Karen E. Spors (Printed Name)	1-1	해선 위원 4조
	Innes C	Green. Esg.	25	
		1	3: 22 <sup>13</sup>	HIONS HIONS
TW	t CORP/61(R12/98) Use of this form is voluntary	<i>'.</i>	. 0. 5	

## Exhibit A

## PLAN OF MERGER

I. Name and state of incorporation of the merging (non-surviving) corporation(s):

Name: Omni Corporation	State of Incorporation: Illinois
Name:	State of Incorporation:

II. Name (prior to any amendment in the Plan of Merger to change the name) and state of incorporation of the surviving corporation:

Name:	State of Incorporation:
Sta-Rite Industries, Inc.	Wisconsin
\	·

III. State the terms and conditions of the merger.

The Surviving Corporation is the sole shareholder in the non-surviving Corporation. All assets, liabilities, title licenses and interests of Omni Corporation will be transferred to Sta-Rite, Industries, Inc., and it shall remain a Wisconsin Corporation.

- IV. State the manner and basis of converting the shares of each non-surviving corporation:
  - (A) into shares, obligations or other securities of the surviving (or any other) corporation; or
  - (B) into cash or other property, in whole or part.

The shares of the non-surviving Corporation will be redeemed and cancelled by the Surviving Corporation, which is the sole Shareholder of the non-surviving Corporation.

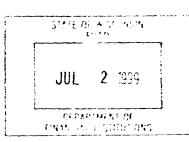
- V. State any amendments to the surviving domestic corporation's articles of incorporation (see item 2 of the instructions):
- VI. State any other provisions:

2 of 3

Mayer: Un lice and Francian Conporation
Inti Sta-Rite Industries Inc. (Domestic) (Surviva)
Inti Sta-Rite Industries Inc.

Note Hugh Port Eitenberg

Use Draw Deet. ## 11149 for #25. 11 Fxp. Fee only



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CT CORPORATION SYSTEM
44 E MIFFLIN ST
MADISON WI 53703

**RECORDED: 01/16/2001**