

11-07-2002

FORM PTO-1595



1 SHEET U.S. DEPARTMENT OF COMMERCE

1/31/92

11.402

102274496

Patent and Trademark Office

To the Honorable Commissioner of Patents and Trademarks: Please Record the attached original documents or copy thereof.

1. Name of conveying party(ies):

RUBBERMAID HEALTH CARE PRODUCTS INC.

Additional name(s) of conveying party(ies) attached?

☐ Yes ☒ No

2. Name and address of receiving party(ies):

Name: RUBBERMAID INCORPORATED

Internal Address: _____

Street Address: 1147 Akron Road

City: Wooster State: Ohio Zip: 44469

Additional Name(s) & Address(es) attached ☐ Yes ☒ No

3. Nature of conveyance:

- ☐ Assignment ☒ Merger
☐ Security Agreement ☐ Change of Name
☐ Other _____

Execution Date December 8, 1999

4. Application (number(s) or patent number(s):

If this document is being filed together with a new application, the execution date of the application is: _____

A. Patent Application No.(s)

B. Patent No.(s)
 Design Patent 366,104
 Design Patent 373,555
 Design Patent 375,638
 Design Patent 375,641
 Design Patent 377,827
 Design Patent 377,971
 Design Patent 382,465
 Patent 5,529,205
 Patent 5,579,793

Additional numbers attached? ☐ Yes ☒ No

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

SCHIFF HARDIN & WAITE
Patent Department
 6600 Sears Tower
 233 S. Wacker Drive
 Chicago, IL 60606-6473
 Telephone: (312) 258-5500
Customer Number: 26574

6. Total number of applications and patents involved

9

7. Total Fee (37 CFR 3.41)

\$360.00

- ☒ Enclosed
☒ Authorized to be charged to deposit account any
 Additional fees

8. Deposit Account Number:

501519

(Attach duplicate copy of this page if paying by deposit account)

11/06/2002 LNUELLER 00000120 5529205

01 FC:8021

360.00 00

DO NOT USE THIS SPACE

9. Statement and signature:

To the best of my knowledge and belief, the foregoing information is true and correct and any attached copy is a true copy of the original document.

Melvin A. Robinson (Reg. No.31,870)
 Name of Person Signing

Signature

October 28, 2002
 Date

Total number of pages 6

PATENT
REEL: 013447 FRAME: 0955

Prescribed by **J. Kenneth Blackwell**

Please obtain fee amount and mailing instructions from the Forms Inventory List (using the 3 digit form # located at the bottom of this form). To obtain the Forms Inventory List or for assistance, please call Customer Service:

Central Ohio: (614)-466-3910 Toll Free: 1-877-SOS-FILE (1-877-767-3453)

Expedite this form

☐ Yes**CERTIFICATE OF MERGER**

In accordance with the requirements of Ohio law, the undersigned corporations, banks, savings banks, savings and loan, limited liability companies, limited partnerships and/or partnerships with limited liability, desiring to effect a merger, set forth the following facts:

I. SURVIVING ENTITY**A. The name of the entity surviving the merger is:**Rubbermaid Incorporated**B. Name Change:** As a result of this merger, the name of the surviving entity has been changed to the following:

(Complete only if name of surviving entity is changing through the merger)

C. The surviving entity is a: (Please check the appropriate box and fill in the appropriate blanks)

- ☒ Domestic (Ohio) for-profit corporation, charter number 91627
- ☐ Domestic (Ohio) non-profit corporation, charter number _____
- ☐ Foreign (Non-Ohio) corporation incorporated under the laws of the state/country of _____ and licensed to transact business in the State of Ohio under license number _____
- ☐ Foreign (Non-Ohio) corporation incorporated under the laws of the state/country of _____ and NOT licensed to transact business in the state of Ohio, _____
- ☐ Domestic (Ohio) limited liability company, with registration number _____
- ☐ Foreign (Non-Ohio) limited liability company organized under the laws of the state/country of _____ and registered to do business in the State of Ohio under registration number _____
- ☐ Foreign (Non-Ohio) limited liability company organized under the laws of the state/country of _____ and NOT registered to do business in the State of Ohio. _____
- ☐ Domestic (Ohio) limited partnership, with registration number _____
- ☐ Foreign (Non-Ohio) limited partnership organized under the laws of the state/country of _____ and registered to do business in the state of Ohio under registration number _____
- ☐ Foreign (Non-Ohio) limited partnership organized under the laws of the state/country of _____ and NOT registered to do business in the state of Ohio. _____
- ☐ Domestic (Ohio) partnership having limited liability, with the registration number _____

RECEIVED

DEC 14 1999

J. KENNETH BLACKWELL
SECRETARY OF STATE

J. Kenneth Blackwell

Secretary of State

- ☐ Foreign (Non-Ohio) partnership having limited liability organized under the laws of the state/country of _____ and registered to do business in the state of Ohio under registration number _____

II. Merging Entities

The name, charter/license/registration number, type of entity, state/country of incorporation or organization, respectively, of which is a party to the merger are as follows: (If this is insufficient space to reflect all merging entities, please attach a separate sheet listing the merging entities)

Name	State/Country of Organization	Type of Entity
The Wooster Rubber Company/#459696	Ohio	Corporation
Rubbermaid Financial Services Corp./#950530	Ohio	Corporation
Rubbermaid Cleaning Products Inc./#2374933	Delaware	Corporation
Rubbermaid-Cortland Inc./#0543602	Delaware	Corporation
Rubbermaid Health Care Products Inc.	North Carolina	Corporation

III. Merger Agreement on File

The name and mailing address of the person or entity from whom/which eligible persons may obtain a copy of the agreement of merger upon written request:

Newell Rubbermaid Inc./Attn. VP- Gen. Counsel	6833 Stalter Drive, Suite 101
(name)	(street and number)
Rockford	IL 61108
(city, village or township)	(state) (zip code)

IV. Effective Date of Merger

This merger is to be effective on: 12/31/99 (if a date is specified, the date must be a date on or after the date of filing; the effective date of the merger cannot be earlier than the date of filing, if no date is specified, the date of filing will be the effective date of the merger).

V. Merger Authorized

The laws of the state or country under which each constituent entity exists, permits this merger.

This merger was adopted, approved and authorized by each of the constituent entities in compliance with the laws of the state under which it is organized, and the persons signing this certificate on behalf of each of the constituent entities are duly authorized to do so.

VI. Statutory Agent

The name and address of the surviving entity's statutory agent upon whom any process, notice or demand may be served is:

(name)	(street and number)
_____, Ohio	_____
(city, village or township)	(zip code)

(This item MUST be completed if the surviving entity is a foreign entity which is not licensed, registered or otherwise authorized to conduct business in the state of Ohio)

Acceptance of Agent

The undersigned, named herein as the statutory agent for the above referenced surviving entity, hereby acknowledges and accepts the appointment of statutory agent for said entity.

Signature of Agent

(The acceptance of agent must be completed by domestic surviving entities if through this merger the statutory agent for the surviving entity has changed, or the named agent differs in any way from the name currently on record with the Secretary of State.

VII Statement of Merger

Upon filing, or upon such later date as specified herein, the merging entity/entities listed herein shall merge into the listed surviving entity

VIII Amendments

The articles of incorporation, articles of organization, certificate of limited partnership or registration of partnership having limited liability (circle appropriate term) of the surviving domestic entity have been amended. Please see attached "Exhibit A." (Please note, if there will be no change please state "no change")

IX Qualification or Licensure of Foreign Surviving Entity

A. The listed surviving foreign corporation, bank, savings bank, savings and loan, limited liability company, limited partnership, or partnership having limited liability desires to transact business in Ohio as a foreign corporation, bank, savings bank, savings and loan, limited liability company, limited partnership, or partnership having limited liability, and hereby appoints the following as its statutory agent upon whom process, notice or demand against the entity may be served in the state of Ohio. The name and complete address of the statutory agent is:

(name) _____, Ohio _____
(street and number)

(city, village or township) _____
(zip code)

The subject surviving foreign corporation, bank, savings bank, savings and loan, limited liability company, limited partnership, or partnership having limited liability irrevocably consents to service of process on the statutory agent listed above as long as the authority of the agent continues, and to service of process upon the Secretary of State of Ohio if the agent cannot be found, if the corporation, bank, savings bank, savings and loan, limited liability company, limited partnership, or partnership having limited liability fails to designate another agent when required to do so, or if the foreign corporation's, bank's, savings bank's, savings and loan's, limited liability company's, limited partnership's, or partnership having limited liability's license or registration to do business in Ohio expires or is canceled.

B. The qualifying entity also states as follows: (Complete only if applicable)

1. **Foreign Notice Under Section 1703.031**

(If the qualifying entity is a foreign bank, savings bank, or savings and loan, then the following information must be completed.)

a. The name of the Foreign Nationally/Federally chartered bank, savings bank, or savings and loan association is

b. The name(s) of any Trade Name(s) under which the corporation will conduct business:

c. The location of the main office (non-Ohio) shall be:

(street address)

(city, township, or village) _____ (county) _____ (state) _____ (zip code)

d. The principal office location in the state of Ohio shall be:

(street address)

(city, township, or village) _____ (county) _____ (state) _____ (zip code)

(Please note, if there will not be an office in the state of Ohio, please list none.)

e. The corporation will exercise the following purpose(s) in the state of Ohio:

(Please provide a brief summary of the business to be conducted; a general clause is not sufficient)

J. Kenneth Blackwell
Secretary of State

2. Foreign Qualifying Limited Liability Company

(If the qualifying entity is a foreign limited liability company, the following information must be completed.)

a. The name of the limited liability company in its state of organization/registration is _____

b. The name under which the limited liability company desires to transact business in Ohio is _____

c. The limited liability company was organized or registered on _____
under the laws of the state/country of _____

d. The address to which interested persons may direct requests for copies of the articles of organization, operating agreement, bylaws, or other charter documents of the company is: _____

(street address)

(city, township, or village)

(state)

(zip code)

3. Foreign Qualifying Limited Partnership

(If the qualifying entity is a foreign limited partnership, the following information must be completed.)

a. The name of the limited partnership is _____

b. The limited partnership was formed on _____

c. The address of the office of the limited partnership in its state/country of organization is: _____

(street address)

(city, township, or village)

(county)

(state)

(zip code)

d. The limited partnership's principal office address is: _____

(street address)

(city, township, or village)

(county)

(state)

(zip code)

e. The names and business or residence addresses of the General partners of the partnership are as follows:

Name

Address

(If insufficient space to cover this item, please attach a separate sheet listing the general partners and their respective addresses)

f. The address of the office where a list of the names and business or residence addresses of the limited partners and their respective capital contributions is to be maintained is: _____

(street address)

(city, township, or village)

(county)

(state)

(zip code)

The limited partnership hereby certifies that it shall maintain said records until the registration of the limited partnership in Ohio is cancelled or withdrawn.

4. Foreign Qualifying Partnership Having Limited Liability

a. The name of the partnership shall be _____