PATENT ASSIGNMENT

Electronic Version v1.1 Stylesheet Version v1.1

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	CHANGE OF NAME

CONVEYING PARTY DATA

Name	Execution Date
PentaPure Incorporated	09/17/2004

RECEIVING PARTY DATA

Name:	CUNO Engineered Products, Inc.
Street Address:	1000 Apollo Road
City:	Eagan
State/Country:	MINNESOTA
Postal Code:	55121

PROPERTY NUMBERS Total: 1

Property Type	Number
Patent Number:	5562824

CORRESPONDENCE DATA

Fax Number: (203)238-8716

Correspondence will be sent via US Mail when the fax attempt is unsuccessful.

Phone: (203) 238-8737

Email: tpayne@cuno.com

Correspondent Name: R. Thomas Payne

Address Line 1: 400 Research Parkway

Address Line 2: P.O. Box 1018

Address Line 4: Meriden, CONNECTICUT 06450

NAME OF SUBMITTER: R. Thomas Payne

Total Attachments: 1

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PATENT REEL: 016127 FRAME: 0371



MINNESOTA SECRETARY OF STATE AMENDMENT OF ARTICLES OF INCORPORATION

READ INSTRUCTIONS LISTED BELOW, BEFORE COMPLETING THIS FORM.

- 1. Type or print in black link.

 2. There is a \$35.00 fee payable to the Secretary of State for filing this "Amendment of Articles of Incorporation".
- 3. Return Completed Amendment Form and Fee to the address trated on the bottom of the form.

CORPORATE NAME: (List the name of the company prior to any desired name change)

PentaPure Incorporated

This amendment is effective on the day it is filed with the Secretary of State, unless you indicate another date, no later than 80 days after filing with the Secretary of State.

Formet (mm/dd/yyyy)

The following amendment(s) to articles regulating the above corporation were edopted: (Insert full text of newly amended article(e) indicating which article(s) is (are) being amended or added.) If the full text of the amendment will not fit in the space provided, attach additional numbered pages. (Total number of pages including this form _1_

ARTICLE

The name of this Corporation is CUNO Engineered Products, Inc.

This amendment has been approved pursuant to Minnesole Statutes chapter 302A or 317A, I ceptify that I am authorized to execute this amendment and I further certify that I understand that by signing this amendment, Lago subject to the penal

of perjury as set forth in section 809.48 as if I had signed this amendment under oath,

(Signature of Authorized Person STATE OF MINNESOTA

Name and telephone number of contact person: John A. Torrilch

RETURN TO: Secretary of State, Business Services Division

180 State Office Bidg., 100 Rev. Dr. Martin Luther King Jr. Blvd

If you have any questions please contact the Secretary of State's office at (651)296-2803.

St. Paul MN 55155-1299, (651)296-2803

Make Check Payable to the "Secretary of State", Your cancelled Check is your receipt.

All of the information on this form is public and required in order to process this tring. Failure to provide the requested Information will prevent the Office from approving or further processing this filing.

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RECORDED: 06/13/2005