

03-17-2005

R



ET Atty. Refs.: XX0006US & US.DIV  
and XX0472US (#90549)

102961341

To the Director of the U.S. Patent and Trademark Office, P.O. Box 1450, Alexandria, VA 22313-1450

ed documents or the new address(es) below.

**1. Name of conveying party(ies)/Execution Date(s):**

HourPower LLC

*MAD*  
*3-14-05*

Execution Date(s) July 22, 2003

Additional name(s) of conveying party(ies) attached? ☐ Yes ☒ No

**3. Nature of conveyance:**

- ☐ Assignment ☐ Merger  
☐ Security Agreement ☒ Change of Name  
☐ Government Interest Assignment  
☐ Executive Order 9424, Confirmatory License  
☐ Other \_\_\_\_\_

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

Name: HourPower Watches, LLC

Internal Address: \_\_\_\_\_

Street Address: 14908 Shaker Boulevard

City: Shaker Heights

State: Ohio

Country: U.S.A. Zip: 44120

Additional name(s) & address(es) attached? ☐ Yes ☒ No

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

☐ This document is being filed together with a new application.

A. Patent Application No.(s)

10/448,886; 10/655,716

B. Patent No.(s)

6,618,328

Additional numbers attached? ☐ Yes ☒ No

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

Name: D. Peter Hochberg, Esq.

Internal Address: D. Peter Hochberg Co., L.P.A.

Street Address: 1940 East 6th Street - 6th Floor

City: Cleveland

State: OH Zip: 44114

Phone Number: (216) 771-3800

Fax Number: (216) 771-3804

Email Address: DPHDOCKET@aol.com

**6. Total number of applications and patents involved:**

3

**7. Total fee (37 CFR 1.21 (h) & 3.41) \$ 120.00---**

- ☒ Authorized to be charged by credit card  
☐ Authorized to be charged to deposit account  
☐ Enclosed  
☐ None required (government interest not affecting title)

**8. Payment Information**

Credit Card Last 4 Numbers 2001

Expiration Date May 2008

Deposit Account Number 08-2441

Authorized User Name D. Peter Hochberg

**9. Signature:**

03/16/2005 ECDOPER 00000076 1044886

Signature

Date

01 FC:8021

120.00 DP

D. Peter Hochberg  
Name of Person Signing

Total number of pages including cover sheet, attachments, and documents: 7



DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
08/01/2003	200321202616	AMEND/ARTICLES- ORGANIZATION/DOM. LLC (LAM)	50.00	.00	.00	.00	.00

**Receipt**

This is not a bill. Please do not remit payment.

L. GABINET, ATTY.  
18975 VAN AKEN BLVD. #408  
SHAKER HTS, OH 44122

**STATE OF OHIO****Ohio Secretary of State, J. Kenneth Blackwell**

1149038

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

**HOUPPOWER WATCHES, LLC**

and, that said business records show the filing and recording of:

Document(s)

**AMEND/ARTICLES-ORGANIZATION/DOM. LLC**

Document No(s):

**200321202616**

United States of America  
State of Ohio  
Office of the Secretary of State

Witness my hand and the seal of  
the Secretary of State at Columbus,  
Ohio this 31st day of July, A.D.  
2003.

*J. Kenneth Blackwell*  
Ohio Secretary of State

Prescribed by **J. Kenneth Blackwell**

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

www.state.oh.us/sos  
 e-mail: busserv@sos.state.oh.us

Expedite this Form: (Select One)

☒ Yes

PO Box 1390  
 Columbus, OH 43216

\*\*\* Requires an additional fee of \$100 \*\*\*

☐ No

PO Box 1028  
 Columbus, OH 43216

**Limited Liability Company Certificate of  
 Amendment / Restatement / Correction**  
*(Domestic or Foreign)*  
 Filing Fee \$50.00

(CHECK ONLY ONE (1) BOX)

(1) Domestic Limited Liability Company <input checked="" type="checkbox"/> Amendment (129-LAM) <input type="checkbox"/> Restatement (142-LRA) <u>April 19, 2000</u> (Date of Organization)	(2) Foreign Limited Liability Company <input type="checkbox"/> Correction (135-LFC)  (Home State) _____ (Qualifying in Ohio on MM/DD/YY) _____
--	---

The undersigned authorized representative of HOUPPOWER, LLC 1149038  
 (Name) (Registration Number)

The above stated Limited Liability Company does hereby certify that the undersigned is duly authorized to execute this certificate, and hereby certifies that the above named Limited Liability Company ☒ Amend ☐ Restate ☐ Correct the following:

Complete the information in this section if box (1) Restatement is checked, all sections below must be completed.  
 If box (1) Amendment or box (2) Correction is checked only complete sections that applies.

FIRST: The name of said limited liability company shall be:

HOUPPOWER WATCHES, LLC

(the name must include the words "limited liability company", "limited", "Ltd.", "LLC", or "L.L.C.")

SECOND: (OPTIONAL) This limited liability company shall exist for a period of perpetual

THIRD: The address to which interested persons may direct requests for copies of any operating agreement and any bylaws of this limited liability company is (OPTIONAL):

14908 Shaker Boulevard

(street address)

NOTE: P.O. Box Addresses are NOT acceptable.

Shaker Heights

(city, township, or village)

Ohio

(state)

44120

(zip code)

☐ Please check if additional provisions attached hereto are incorporated herein and made a part of these articles of organization.

FOURTH: Purpose (OPTIONAL)

Complete the information in this section if box (2) is checked and the Limited Liability Company wants to appoint a statutory agent.

The limited liability company hereby appoints the following as its agent upon whom process against the limited liability company may be served in the state of Ohio. The name and complete address of the agent is:

(Name)

(Street)

NOTE: P.O. Box Addresses are NOT acceptable.

Ohio

(City, village or township)

(State)

(Zip Code)

The limited liability company irrevocably consents to service of process on the agent listed above as long as the authority of the agent continues, and to service of process upon the OHIO SECRETARY OF STATE if:

- A. the agent cannot be found or,
- B. the limited liability company fails to designate another agent when required to do so, or
- C. the limited liability company's registration to do business in Ohio expires or is cancelled

**REQUIRED**

Must be authenticated (signed)  
by an authorized representative  
(See Instructions)

Brenda Ellner, Ph.D.

Authorized Representative

7/21/2003

Date

BRENDA ELLNER

(Print Name)

14908 Shaker Blvd.

Shaker Hts. OH 44120

Paulette Nance

Authorized Representative

7/22/2003

Date

PAULETTE NANCE

(Print Name)

40 Riverstone Drive

Moreland Hills, OH 44024

Authorized Representative

Date

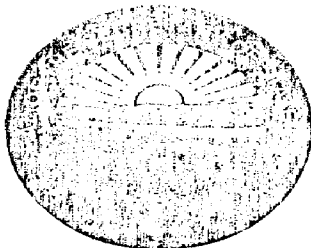
(Print Name)

#1149038

UNITED STATES OF AMERICA,  
STATE OF OHIO,  
OFFICE OF THE SECRETARY OF STATE

I, J. Kenneth Blackwell, Secretary of State of the State of Ohio, do hereby certify that the foregoing is a true and correct copy, consisting of 3 pages, as taken from the original record now in my official custody as Secretary of State.

WITNESS my hand and official seal at  
Columbus, Ohio, this 23rd day of  
Feb. 2005 A.D.



J. Kenneth Blackwell

J. KENNETH BLACKWELL  
Secretary of State

By: RLB

NOTICE: This is an official certification only when reproduced in red ink