

Form PTO-1595 (Rev. 06/04)
OMB No. 0651-0027 (exp. 6/30/2005)

U.S. DEPARTMENT OF COMMERCE
United States Patent and Trademark Office

RECORDATION FORM COVER SHEET PATENTS ONLY

To the Director of the U.S. Patent and Trademark Office: Please record the attached documents or the new address(es) below.

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

CONTROLINK LLC

Execution Date(s) December 16, 2004

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: VENTEK LLC

Internal Address: _____

Street Address: 9470 Meridian Way

City: West Chester

State: Ohio

Country: United States Zip: 45069

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

4. Application or patent number(s):

A. Patent Application No.(s)

10/416,870

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

B. Patent No.(s)

Additional numbers attached? ☐ Yes ☒ No

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

Name: Gibbons, Del Deo, Dolan, Griffinger & Vecchione

Internal Address: _____

Street Address: One Riverfront Plaza

City: Newark

State: New Jersey

Zip: 07102

Phone Number: 973-696-4500

Fax Number: _____

Email Address: IPDocket@gibbonslaw.com

6. Total number of applications and patents involved:

1

7. Total fee (37 CFR 1.21(h) & 3.41) \$ 40.00

- ☐ 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

a. Credit Card Last 4 Numbers _____
Expiration Date _____

b. Deposit Account Number 03-3839

Authorized User Name Gibbons, et al.

9. Signature:

Robert E. Rudnick
Signature

August 11, 2006

Date

Robert E. Rudnick, Registration Number 36,260

Name of Person Signing

Total number of pages including cover sheet, attachments, and documents: 4

Documents to be recorded (including cover sheet) should be faxed to (703) 306-5995, or mailed to:
Mail Stop Assignment Recordation Services, Director of the USPTO, P.O. Box 1450, Alexandria, V.A. 22313-1450

CH \$40.00 033839 10416870

200502002546

DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
01/21/2005	200502002546	TRADE NAME/ORIGINAL FILING (RNO)	50.00	.00	.00	.00	.00

Receipt

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

CONTROLINK, INC.
9470 MERIDIAN WAY
WEST CHESTER, OH 45089

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, J. Kenneth Blackwell**1513649**

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

VENTEK LLC

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

Document(s):

TRADE NAME/ORIGINAL FILING

Date of First Use: 01/01/2005
Expiration Date: 01/12/2010

Document No(s):

200502002546

CONTROLINK LLC
9470 MERIDIAN WAY
WEST CHESTER, OH 45069



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 12th day of January, A.D. 2005.

J. Kenneth Blackwell
Ohio Secretary of State

Doc ID -->

200502002546

Presented by **J. Kenneth Blackwell**

Ohio Secretary of State
 Central Ohio: (614) 466-3910
 Toll Free: 1-877-8OS-FILES (1-877-767-3453)

www.state.oh.us/sos

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

Expedite this Form: (Select One)

☐ Yes PO Box 1380
 Columbus, OH 43216
 Requires an additional fee of \$150

☒ No PO Box 670
 Columbus, OH 43216

NAME REGISTRATION

(For Domestic/Foreign Profit or Non-Profit)
 Filing Fee \$50.00

THE UNDERSIGNED HEREBY STATES THE FOLLOWING:

(CHECK ONLY ONE (1) BOX)

(1) ☒ Trade Name (187-RN) Date of first use <u>01/01/2005</u> <u>MM/DD/YYYY</u>	(2) ☐ Fictitious Name (189-NFO)	(3) Name Reservation (186-NRD) ☐ Original ☐ Renewal Registration No.
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Complete the information in this section if box (1) or (2) is checked.

The exact name being registered or reported is

VenTek LLC

The Registrant is (Check Appropriate Box)

- | | |
|---|--|
| ☐ Individual | ☐ Foreign Corporation incorporated in the state of _____ holding Ohio license no. _____ |
| ☐ Limited Partnership: Reg. No. _____ | ☐ Unincorporated Association |
| ☒ Ohio Limited Liability Co.: Reg. No. <u>1133079</u> | ☐ Foreign Limited Liability Co. holding Ohio Reg. No. _____ organized in the state of _____ |
| ☐ Ohio Corporation, Charter No. _____ | |
| ☐ General Partnership | |
| ☐ Other _____ | |

The name of the registrant designated above is

ControlLink LLC

NOTE: Where the registrant is a partnership, the name of the partnership must appear on this line. If the registrant is a foreign corporation licensed in Ohio under an assumed name, both the assumed name and actual corporate title of such corporation must appear on this line.

The business address of the registrant is

8470 Meridian Way

(Street)

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

West Chester

(City)

Butler

(County)

Ohio

(State)

45088

(Zip Code)

Doc ID -->

200502002546

Complete the information in this section if box (1) or (2) is checked **CONT.**

Complete only if registrant is a general partnership
NAME OF ALL GENERAL PARTNERS **COMPLETE RESIDENTIAL ADDRESSES (including zip code)**

NOTE: Pursuant to OAG 88-081, if a general partner is a foreign (out-of-state) corporation, it must be licensed to transact business in Ohio; if a general partner is a foreign corporation licensed in Ohio under an assumed name, please note both the assumed name and actual corporate title of such general partner.

The nature of the business conducted by the registrant under the trade or fictitious name is (please be specific)
Engineering and Product Development

Complete the information in this section if box (3) is checked.

☐ Please reserve the name listed below. (only one name per form)
☐ Please reserve the first name available in the order of my preference.

I understand that I am not guaranteed the reservation UNTIL I RECEIVE WRITTEN CONFIRMATION FROM THE SECRETARY OF STATE'S OFFICE STATING THAT THE NAME HAS BEEN REGISTERED TO ME

The name reservation is valid for a period of 180 days.

(First Choice)

(Second Choice)

(Third Choice)

(Applicant)

(Print Name)

(Address)

(City, State and Zip Code)

REQUIRED
Must be authenticated (signed)
by an authorized representative
(See instructions)


Authorized Representative

12-16-04
Date

Authorized Representative

Date