

PATENT ASSIGNMENT

Electronic Version v1.1

Stylesheet Version v1.1

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	MERGER
EFFECTIVE DATE:	01/01/2005
CONVEYING PARTY DATA	
Name	Execution Date
Cooper Industries, Inc.	12/15/2004
RECEIVING PARTY DATA	
Name:	Cooper Industries, LLC
Street Address:	600 Travis Street
Internal Address:	Suite 5800
City:	Houston
State/Country:	TEXAS
Postal Code:	77002
PROPERTY NUMBERS Total: 1	
Property Type	Number
Patent Number:	6810069
CORRESPONDENCE DATA	
Fax Number:	(877)769-7945
<i>Correspondence will be sent via US Mail when the fax attempt is unsuccessful.</i>	
Phone:	(202) 626-6416
Email:	hayden@fr.com
Correspondent Name:	John F. Hayden
Address Line 1:	FISH & RICHARDSON P.C.
Address Line 2:	P.O.BOX 1022
Address Line 4:	MINNEAPOLIS, MINNESOTA 55440-1022
ATTORNEY DOCKET NUMBER:	08215-527001
NAME OF SUBMITTER:	Christine M. Tomlinson
Total Attachments: 14	

CH \$40.00 6810069

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PATENT  
REEL: 018837 FRAME: 0376

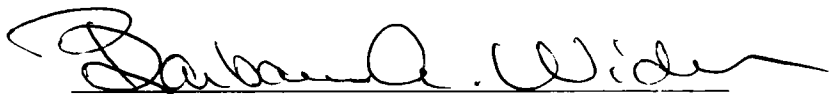
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**COOPER INDUSTRIES, LLC**

**C E R T I F I C A T E**

The undersigned, Barbara A. Widra, Assistant Secretary of Cooper Industries, LLC, a Delaware limited liability company (the "Company"), hereby certifies that she has been duly elected, qualified and is acting in such capacity and that, as such, she is familiar with the facts herein certified and is duly authorized to certify the same, and hereby further certifies that attached hereto as Exhibit A, is a true, correct and complete copy of the Certificates of Merger as filed with the Ohio Secretary of State's office and the Delaware Secretary of State's office on December 17, 2004, providing for the merger of Cooper Industries, Inc., an Ohio corporation, with and into the Company effective January 1, 2005.

**IN WITNESS WHEREOF**, the undersigned has hereunto set her hand as of the \_\_\_\_ day of \_\_\_\_\_, 2005.

A handwritten signature in black ink, appearing to read "Barbara A. Widra", written over a horizontal line.

Barbara A. Widra  
Assistant Secretary

**EXHIBIT A**

# Delaware

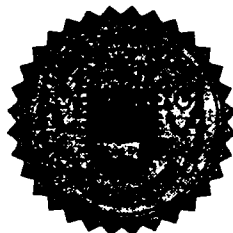
PAGE 1

*The First State*

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF MERGER, WHICH MERGES:

"COOPER INDUSTRIES, INC.", A OHIO CORPORATION,  
WITH AND INTO "COOPER INDUSTRIES, LLC" UNDER THE NAME OF  
"COOPER INDUSTRIES, LLC", A LIMITED LIABILITY COMPANY ORGANIZED  
AND EXISTING UNDER THE LAWS OF THE STATE OF DELAWARE, AS  
RECEIVED AND FILED IN THIS OFFICE THE SEVENTEENTH DAY OF  
DECEMBER, A.D. 2004, AT 10:50 O'CLOCK A.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE EFFECTIVE DATE OF  
THE AFORESAID CERTIFICATE OF MERGER IS THE FIRST DAY OF JANUARY,  
A.D. 2005, AT 12:05 O'CLOCK A.M.



3847751 8100M

050014958

*Harriet Smith Windsor*

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 3602546

DATE: 01-07-05

PATENT

REEL: 018837 FRAME: 0380

**\*200435503150\***

DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
12/20/2004	200435503150	MERGED OUT OF EXISTENCE (MEX)	125.00	100.00	.00	.00	.00

**Receipt**

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

C.T. CORPORATION SYSTEM  
17 S. HIGH STREET  
COLUMBUS, OH 43215

**STATE OF OHIO  
CERTIFICATE**

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

**51595**

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

**COOPER INDUSTRIES, INC.**

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

Document(s):

**MERGED OUT OF EXISTENCE**

Document No(s):

**200435503150**



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 1st day of January, A.D. 2005.

*J. Kenneth Blackwell*  
Ohio Secretary of State

**PATENT  
REEL: 018837 FRAME: 0381**

**CERTIFICATE OF MERGER**

**OF**

**Cooper Industries, Inc.**

**INTO**

**Cooper Industries, LLC**

\*\*\*\*\*

Pursuant to Sec. 18-209 of the Delaware Limited Liability Company Act, the undersigned surviving limited liability company submits the following Certificate of Merger for filing and certifies that:

**FIRST:** The name and jurisdiction of formation or organization of each of the limited liability companies or other business entities that are merging is:

<u>Name</u>	<u>Jurisdiction</u>
Cooper Industries, Inc.	Ohio
Cooper Industries, LLC	Delaware

**SECOND:** A Merger Agreement has been approved and executed by each of the domestic limited liability companies or other business entities which are to merge.

**THIRD:** The name of the surviving limited liability company is: Cooper Industries, LLC.

**FOURTH:** The merger shall become effective on 12:05 a.m., January 1, 2005.

**FIFTH:** The Merger Agreement is on file at a place of business of the surviving limited liability company which is located at: Cooper Industries, LLC, 600 Travis, Suite 5800, Houston, TX 77002

**SIXTH:** A copy of the Merger Agreement will be furnished by the surviving limited liability company, on request and without cost, to any member of any domestic limited liability company or any person holding an interest in any other business entity which is to merge.

IN WITNESS WHEREOF, this Certificate of Merger has been duly executed as of the 15 day of December, 2004, and is being filed in accordance with Sec. 18-209 of the Act by an authorized person of the surviving limited liability company in the merger.

**COOPER INDUSTRIES, LLC**

By: Terrance V. Helz  
Terrance V. Helz  
Secretary



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](http://www.state.oh.us/sos)

e-mail: [busserv@sos.state.oh.us](mailto:busserv@sos.state.oh.us)

<b>Expedite this Form: (Select One)</b>	
<b>Mail Form to one of the Following:</b>	
<input type="radio"/> Yes	PO Box 1390 Columbus, OH 43216 *** Requires an additional fee of \$100 ***
<input type="radio"/> No	PO Box 1329 Columbus, OH 43216

## CERTIFICATE OF MERGER

(For Domestic or Foreign, Profit or Non-Profit)

Filing Fee \$125.00

(154-MER)

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:

Cooper Industries, LLC

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 \_\_\_\_\_
- ☐ 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 Delaware  
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 \_\_\_\_\_
- ☐ 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 \_\_\_\_\_
- ☐ Foreign (Non-Ohio) Non-Profit incorporation under the laws of the state/country of \_\_\_\_\_ and licensed to transact business in the state of Ohio under license number \_\_\_\_\_
- ☐ Foreign (Non-Ohio) Non-Profit incorporation under the laws of the state/country of \_\_\_\_\_ and not licensed to transact business in the state of Ohio.
- ☐ General partnership not registered with the state of Ohio

## II. MERGING ENTITY

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

(Please list the Ohio charter, license/registration no. below)

Name / charter, license or registration number	State/Country of Organization	Type of Entity
Cooper Industries, Inc.	Ohio	Corporation
Charter No. 51595		

## 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:

Terrance V. Helz	Cooper Industries, LLC, 600 Travis, Suite 5800	
(name)	(street)	NOTE: P.O. Box Addresses are NOT acceptable.
Houston	TX	77002
(city, village or township)	(state)	(zip code)

## IV. EFFECTIVE DATE OF MERGER

This merger is to be effective on: 12:05 am-1/1/2005 (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:

CT Corporation System,

(name)

1300 East Ninth Street

(street) NOTE: P.O. Box Addresses are NOT acceptable.

Cleveland

(city, village or township)

, Ohio 44114

(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)

VII. 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 the surviving entities if through this merger the statutory agent has changed, or the named agent differs in any way from the name currently on record with the Secretary of State.)

VIII. 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

IX. 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.

☐ Attachments are provided

☐ No Changes

X. 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)

(street) NOTE: P.O. Box Addresses are NOT acceptable.

, Ohio

(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 on 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)

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

\_\_\_\_\_  
(city, township, or village)

\_\_\_\_\_  
(county)

\_\_\_\_\_  
(state)

\_\_\_\_\_  
(zip code)

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

\_\_\_\_\_  
(street address)

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

\_\_\_\_\_  
(city, township, or village)

\_\_\_\_\_  
(county)

**Ohio**

\_\_\_\_\_  
(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)

\_\_\_\_\_

\_\_\_\_\_

**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)

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

\_\_\_\_\_  
(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)

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

\_\_\_\_\_  
(city, township, or village)

\_\_\_\_\_  
(county)

\_\_\_\_\_  
(state)

\_\_\_\_\_  
(zip code)

- (d.) The limited partnership's principal office address is:

\_\_\_\_\_  
(street address)

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

\_\_\_\_\_  
(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)

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

\_\_\_\_\_  
(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 canceled or withdrawn.

**4. Foreign Qualifying Partnership Having Limited Liability**

(a.) The name of the partnership shall be \_\_\_\_\_

(b.) Please complete the following appropriate section (either item b(1) or b(2)):

(1.) The address of the partnership's principal office in Ohio is:

\_\_\_\_\_  
(street address)

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

\_\_\_\_\_, Ohio \_\_\_\_\_  
(city, village or township) (zip code)

**(If the partnership does not have a principal office in Ohio, then items b2 must be completed)**

(2.) The address of the partnership's principal office (Non-Ohio):

\_\_\_\_\_  
(street address)

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

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
(city, township, or village) (state) (zip code)

(c.) The name and address of a statutory agent for service of process in Ohio is as follows:

\_\_\_\_\_  
(name)

\_\_\_\_\_  
(street address)

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

\_\_\_\_\_, Ohio \_\_\_\_\_  
(city, village or township) (zip code)

(d.) Please indicate the state or jurisdiction in which the Foreign Limited Liability Partnership has been formed

\_\_\_\_\_

(e.) The business which the partnership engages in is:

\_\_\_\_\_  
\_\_\_\_\_

The undersigned constituent entities have caused this certificate of merger to be signed by its duly authorized officers, partners and representatives on the date(s) stated below.

Cooper Industries, LLC

(Exact name of entity)

By: Lucas V. H. G.

Its: Secretary

Date: December 15, 2004

Cooper Industries, Inc.

(Exact name of entity)

By: Edmund Lightman

Its: Vice President, Taxes

Date: December 15, 2004

(Exact name of entity)

By: \_\_\_\_\_

Its: \_\_\_\_\_

Date: \_\_\_\_\_

(Exact name of entity)

By: \_\_\_\_\_

Its: \_\_\_\_\_

Date: \_\_\_\_\_

(Exact name of entity)

By: \_\_\_\_\_

Its: \_\_\_\_\_

Date: \_\_\_\_\_

(Exact name of entity)

By: \_\_\_\_\_

Its: \_\_\_\_\_

Date: \_\_\_\_\_

(Exact name of entity)

By: \_\_\_\_\_

Its: \_\_\_\_\_

Date: \_\_\_\_\_

(Exact name of entity)

By: \_\_\_\_\_

Its: \_\_\_\_\_

Date: \_\_\_\_\_

(Exact name of entity)

By: \_\_\_\_\_

Its: \_\_\_\_\_

Date: \_\_\_\_\_

(Exact name of entity)

By: \_\_\_\_\_

Its: \_\_\_\_\_

Date: \_\_\_\_\_

Complete the information in this section if box (1), (2) or (3) is checked.

**AFFIDAVIT**

In lieu of dissolution releases from various governmental authorities (1701.86(H)(6) ORC)

Cooper Industries, Inc.

(Exact Name of Corporation)

The undersigned, being first duly sworn, declares that on the dates indicated below, each of the named state governmental agencies was advised IN WRITING of the scheduled date of filing of the Certificate of Dissolution and was advised IN WRITING of the acknowledgement by the corporation of the applicability of the provisions of Section 1701.95 of the ORC.

**AGENCY**

Ohio Department of Taxation  
Dissolution Section  
Box 182382  
Columbus, Ohio 43218-2382

**DATE NOTIFIED**

12-17-04

Ohio Job and Family Services  
Status & Liability Section  
P.O. 182404  
Columbus, Ohio 43218-2404

12-17-04

The treasurer of any County named below:

Cuyahoga

12-17-04

Hamilton

12-17-04

Ashtabula

12-17-04

Ohio Bureau of Workers' Compensation  
30 W. Spring Street  
Columbus, Ohio 43215

12-17-04

(Note: This affidavit must be signed by one or more persons executing the certificate of dissolution or by an officer of the corporation.)

By: E. Daniel Leightman

Title: Vice President, Taxes

Name: E. Daniel Leightman

600 Travis, Suite 5800

(Street)

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

Houston

(City)

Texas

(State)

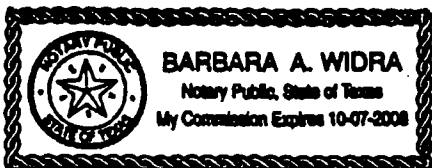
77002

(Zip Code)

Sworn before me and subscribed in my presence on

December 17, 2004

(Date)



(Notary Seal)

Barbara A. Widra

(Notary Public)

Commission Expires

10-7-2006

(Date)

Complete the information in this section if box (1), (2) or (3) is checked.

STATE OF TEXAS

County of Harris :SS

E. Daniel Leightman, being first duly sworn, deposes and says that she/he is

Vice President, Taxes of Cooper Industries, Inc.

(Title)

that this affidavit is made in compliance with section 1701.95 of the ORC:

(Section #)

That said corporation has (Check one of the following)

☐ A. has no personal property in any county in the State of Ohio:

☒ B. personal property only in the following county(ies)

Cuyahoga

Hamilton

Ashtabula

and that the net assets of said corporation are sufficient to pay all personal property taxes accrued to date.

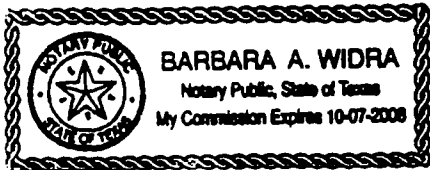
Signature: E. Daniel Leightman

Name: E. Daniel Leightman

Sworn before me and subscribed in my presence on

December 17, 2004

(Date)



(Notary Seal)

Barbara A. Widra

(Notary Public)

Commission Expires 10-7-2006

(Date)