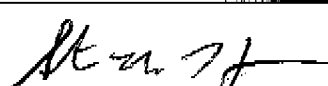


Form PTO-1595 (Rev. 08/05)
OMB No. 0651-0027 (exp. 6/30/2008)

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

RECORDATION FORM COVER SHEET PATENTS ONLY

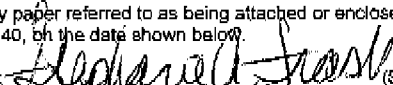
To the Director of the U.S. Patent and Trademark Office: Please record the attached documents or the new address(es) below.

<p>1. Name of conveying party(ies): Chem-Trend, Incorporated</p> <p>Additional name(s) of conveying party(ies) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>2. Name and address of receiving party(ies)</p> <p>Name: <u>C-T Merging Limited Partnership</u></p> <p>Internal Address: _____</p> <p>Street Address: _____</p> <p>1445 West McPherson Park Drive</p> <p>City: <u>Howell</u></p> <p>State: <u>Michigan</u></p> <p>Country: <u>USA</u> Zip: <u>48843</u></p> <p>Additional name(s) & address(es) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>3. Nature of conveyance/Execution Date(s):</p> <p>Execution Date(s): <u>October 8, 2004</u></p> <p><input type="checkbox"/> Assignment <input checked="" type="checkbox"/> Merger <input type="checkbox"/> Change of Name</p> <p><input type="checkbox"/> Security Agreement <input type="checkbox"/> Joint Research Agreement</p> <p><input type="checkbox"/> Government Interest Assignment</p> <p><input type="checkbox"/> Executive Order 9424, Confirmatory License</p> <p><input type="checkbox"/> Other _____</p>	<p>4. Application or patent number(s): <input type="checkbox"/> This document is being filed together with a new application.</p> <p>A. Patent Application No.(s) _____</p> <p>B. Patent No.(s) <u>4925882;</u> <u>4936917;</u> <u>4969952;</u></p> <p>Additional numbers attached? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>5. Name and address to whom correspondence concerning document should be mailed:</p> <p>Name: <u>Michael B. Stewart</u> <u>RADER, FISHMAN & GRAUER PLLC</u></p> <p>Internal Address: <u>Atty. Dkt.: 65996-999</u></p> <p>Street Address: _____ <u>39533 Woodward Avenue</u> <u>Suite 500</u></p> <p>City: <u>Bloomfield Hills</u></p> <p>State: <u>Michigan</u> Zip: <u>48304</u></p> <p>Phone Number: <u>(248) 594-0600</u></p> <p>Fax Number: <u>(248) 594-0610</u></p> <p>Email Address: <u>mbs@raderfishman.com</u></p>	<p>6. Total number of applications and patents involved: 9</p> <p>7. Total fee (37 CFR 1.21(h) & 3.41) \$ <u>360.00</u></p> <p><input type="checkbox"/> Authorized to be charged by credit card</p> <p><input checked="" type="checkbox"/> Authorized to be charged to deposit account</p> <p><input type="checkbox"/> Enclosed</p> <p><input type="checkbox"/> None required (government interest not affecting title)</p> <p>8. Payment Information</p> <p>a. Credit Card Last 4 Numbers _____ Expiration Date _____</p> <p>b. Deposit Account Number <u>18-0013</u> Authorized User Name <u>Michael B. Stewart</u></p>
<p>9. Signature: <u></u> <u>5/7/2007</u></p> <p style="text-align: center;">Signature Date</p> <p style="text-align: center;"><u>Steven R. Hansen - Reg. No. 39,214</u> Total number of pages including cover sheet, attachments, and documents: 9</p> <p style="text-align: center;">Name of Person Signing</p>	

CH \$360.00 180013 4925882

Recordation Form Cover Sheet

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted by facsimile to the Patent and Trademark Office, facsimile no. (571) 273-0140, on the date shown below.

Dated: May 1, 2007 Signature:  (Stephanie A. Frash) **PATENT**

Additional Patent Nos.

5218024

5308393

5400921

5468401

5992772

6742569

BC9/CD-401 (Rev. 12/03)

MICHIGAN DEPARTMENT OF LABOR & ECONOMIC GROWTH BUREAU OF COMMERCIAL SERVICES	
Date Received OCT 08 2004	(FOR BUREAU USE ONLY) ADJUSTED PURSUANT TO TELEPHONE AUTHORIZATION
This document is effective on the date filed, unless a subsequent effective date within 90 days after received date is stated in the document.	
Name The Corporation Company	FILED OCT 08 2004 Administrator BUREAU OF COMMERCIAL SERVICES EFFECTIVE DATE:
Address 30600 Telegraph Road	
City State Zip Code Bingham Farms, Michigan 48025	

Document will be returned to the name and address you enter above, if left blank document will be mailed to the registered office.

CERTIFICATE OF LIMITED PARTNERSHIP
 For use by Domestic Limited Partnerships
 (Please read information and instructions on the last page)

L 05-368

Pursuant to the provisions of Act 213, Public Acts of 1982, the undersigned person(s) execute the following Certificate:

Section 1

The name of the limited partnership is: **C-T Merging Limited Partnership**

Section 2

The general character of its business is: **Production and sale of dye coating and other lubricants.**

Section 3

- a. The address of the office at which the limited partnership records are kept is:
1445 West McPherson Park Drive, Howell, Michigan 48843
- b. The name of the agent for service of process is:
The Corporation Company
- c. The address of the agent for service of process is:
30600 Telegraph Road
Bingham Farms, Michigan 48025

Section 4

The power of a limited partner to grant the right to become a limited partner to an assignee of any part of the partnership interest, and the terms and conditions of the power, are as follows:

May do so only with the prior written consent of the General Partner and the other Limited Partners.

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\$12.50 17089.6 SU CR

Section 5

- a. Describe the times or events when a general partner may terminate membership in the limited partnership, and the terms and conditions of the termination.

The General Partner may terminate only with the permission of a majority in interest of the Limited Partners, which is 66 2/3% of the Limited Partners.

- b. Describe the times or events when a limited partner may terminate membership in the limited partnership. Include the amount or method of determining any distribution the limited partner is entitled to receive upon termination of their membership.

A Limited Partner may terminate membership only with the prior written consent of the General Partner and the other Limited Partners. A right of first refusal before transfer of a Limited Partnership interest also applies at essentially book value. Upon dissolution, the Limited Partner shall receive, to the extent possible, its capital account.

Section 6

The right of the limited partner to receive distributions of property, including cash, from the limited partnership, other than indicated in 5(b), is:

Distributions may be made by the General Partner in its discretion based upon the net profits of the Partnership.

Section 7

The right of the limited partner to receive, or a general partner to make to a limited partner, distributions of property, which include a return of all or any part of the limited partner's contribution, other than indicated in 5(b), is:

NONE

Section 8

The times or events at which the limited partnership is to be dissolved and its affairs wound up are:

Upon the cessation of the General Partner as a General Partner unless the Limited Partners vote to continue the partnership's business.

Section 9

The right of the remaining general partner(s) to continue the business upon the event of withdrawal of a general partner is:

The election by unanimous consent of the Limited Partners to continue the business.

Section 10

Enter any other matters the partners may desire to include. If additional space is required attach a supplement. Attached are -0- page(s):

Section 11

Complete one section for each partner (general and limited). General partners must be listed first followed by limited partners.

Item 1 - The type of partner must be either general or limited.

Item 2 - Partner names of individuals must appear in the last name, first name, middle initial sequence. Partner names of trusts should be the trust name excluding the name of the trustee or trustees.

Item 3 - Indicate the business or residence address of the partner. The address should include the street number and name, city, state, and ZIP code.

ITEMS 4 & 5 - LIMITED PARTNERS ONLY - ONE OR BOTH MUST BE COMPLETED

Item 4 - If applicable, indicate the amount of cash previously contributed. If contributions have been made in the form of property or services, indicate the agreed dollar value of the contribution in the "other \$ _____" space and complete Item 6.

Item 5 - If applicable, indicate the amount of cash to be contributed in the future and complete Item 7. If there are future contributions in the form of property or services, indicate the agreed dollar value of the contribution in the "other \$ _____" space and complete Items 6 and 7.

Item 8 - This Certificate must be signed and dated by all partners (general and limited) named in the Certificate. A partner may sign by attorney in fact.

1. Type of Partner <input checked="" type="checkbox"/> General <input type="checkbox"/> Limited		2. Partner Name (see instructions for Section 11, Item 2) FCS Holding, Inc.	
3. Address (No., Street, City, State, ZIP Code) 1445 West McPherson Park Drive, P.O. Box 860, Howell, MI 488440860			
4. Contributions Previously Made (Limited Partners Only) Cash \$ _____ Other \$ _____		5. Future Contributions to be Made (Limited Partners Only) Cash \$.10 Other \$ N/A	
6. Description of Contributions Other than Cash: (include all property or services contributed or to be contributed) N/A			
7. Times or Events Requiring Future Contributions: (Cash, Property or Services) Upon Agreement by all partners in the future.			
8. Signature <i>ET McAuliffe</i> SECRETARY		9. Date OCTOBER 4, 2004	
1. Type of Partner <input type="checkbox"/> General <input checked="" type="checkbox"/> Limited		2. Partner Name (see instructions for Section 11, Item 2) Chem-Trend Holding LP	
3. Address (No., Street, City, State, ZIP Code) 1445 West McPherson Park Drive P.O. Box 860, Howell, MI 488440860			
4. Contributions Previously Made (Limited Partners Only) Cash \$ _____ Other \$ _____		5. Future Contributions to be Made (Limited Partners Only) Cash \$ 899.80 Other \$ N/A	
6. Description of Contributions Other than Cash: (include all property or services contributed or to be contributed) N/A			
7. Times or Events Requiring Future Contributions: (Cash, Property or Services) Upon Agreement by all partners in the future.			
8. Signature <i>Ronald J. ...</i> ASST. SECRETARY		9. Date October 4, 2004	
1. Type of Partner <input type="checkbox"/> General <input type="checkbox"/> Limited		2. Partner Name (see instructions for Section 11, Item 2)	
3. Address (No., Street, City, State, ZIP Code)			
4. Contributions Previously Made (Limited Partners Only) Cash \$ _____ Other \$ _____		5. Future Contributions to be Made (Limited Partners Only) Cash \$ _____ Other \$ _____	
6. Description of Contributions Other than Cash: (include all property or services contributed or to be contributed)			
7. Times or Events Requiring Future Contributions: (Cash, Property or Services)			
8. Signature		9. Date	

REGISTRATION (Rev. 12/03)

MICHIGAN DEPARTMENT OF LABOR & ECONOMIC GROWTH BUREAU OF COMMERCIAL SERVICES	
Date Received OCT 22 2004	(FOR BUREAU USE ONLY) ADJUSTED PURSUANT TO TELEPHONE AUTHORIZATION <i>Nancy</i> This document is effective on the date filed, unless a subsequent effective date within 90 days after received date is stated in the document.
<p>FILED</p> <p>OCT 29 2004</p> <p>Administrator BUREAU OF COMMERCIAL SERVICES</p>	
Name The Corporation Company	
Address 30600 Telegraph Road	
City Bingham Farms	State Michigan
Zip Code 48025	
EFFECTIVE DATE: Expiration date for new assumed names: December 31, Expiration date for transferred assumed names appear in Item 8	

Document will be returned to the name and address you enter above if left blank document will be mailed to the registered office.

CERTIFICATE OF MERGER

Cross Entity Merger for use by Profit Corporations, Limited Liability Companies
and Limited Partnerships

Pursuant to the provisions of Act 264, Public Acts of 1972 (profit corporations), Act 23, Public Acts of 1993 (limited liability companies) and Act 213, Public Acts of 1982 (limited partnerships), the undersigned entities execute the following Certificate of Merger:

1. The Plan of Merger (Consolidation) is as follows:

a. The name of each constituent entity and its identification number is:

Chem-Trend, Incorporated

035235

C-T Merging Limited Partnership

L05368

b. The name of the surviving (new) entity and its identification number is:

C-T Merging Limited Partnership

L05368

Corporations and Limited Liability Companies provide the street address of the survivor's principal place of business:

2. (Complete only if an effective date is desired other than the date of filing. The date must be no more than 90 days after the receipt of this document in this office.)

The merger (consolidation) shall be effective on the _____ day of _____.

cul/or
6250 LB CL 170944

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3. Complete for Profit Corporations only

For each constituent stock corporation, state:

Name of corporation	Designation and number of outstanding shares in each class or series	Indicate class or series of shares entitled to vote	Indicate class or series entitled to vote as a class
Chem-Trend, Incorporated	100	Common	N/A

If the number of shares is subject to change prior to the effective date of the merger or consolidation, the manner in which the change may occur is as follows:

The manner and basis of converting shares are as follows:

Each share is cancelled. Since the stockholders of Chem-Trend, Incorporated are identical to the Partners of the Survivor, they will have, in effect, identical interests in the Survivor. The amendments to the Articles, or a restatement of the Articles, of the surviving corporation to be effected by the merger are as follows:

None

The Plan of Merger will be furnished by the surviving profit corporation, on request and without cost, to any shareholder of any constituent profit corporation.

The merger is permitted by the state or country under whose law it is incorporated and each foreign corporation has complied with that law in effecting the merger.

(Complete either Section (a) or (b) for each corporation)

a) The Plan of Merger was approved by the majority consent of the incorporators of _____, a Michigan corporation which has not commenced business, has not issued any shares, and has not elected a Board of Directors.

_____ (Signature of Incorporator)	_____ (Type or Print Name)	_____ (Signature of Incorporator)	_____ (Type or Print Name)
_____ (Signature of Incorporator)	_____ (Type or Print Name)	_____ (Signature of Incorporator)	_____ (Type or Print Name)

b) The plan of merger was approved by:
 the Board of Directors of _____, the surviving Michigan corporation, without approval of the shareholders in accordance with Section 703a of the Act.

the Board of Directors and the shareholders of the following Michigan corporation(s) in accordance with Section 703a of the Act.

Chem-Trend, Incorporated

By <u>Lee A. Plutshack</u> (Signature of Authorized Officer or Agent) Lee A. Plutshack (Type or print name) Chem-Trend, Incorporated (Name of Corporation)	By <u>Bradley R. Busker</u> (Signature of Authorized Officer or Agent) Bradley R. Busker (Type or print name) Chem-Trend, Incorporated (Name of Corporation)
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PATENT

5. Complete for any Limited Partnership only

The Plan of Merger/Consolidation was approved by the partners of each constituent limited partnership in accordance with section 210(3) and by each constituent business organization in the manner provided by the laws of the jurisdiction in which it is organized.

The manner and basis of converting the Partnership interests are as follows:

The Partnership interests issued prior to the merger remain identical following the merger and thus the percentage ownership does not change.

- Check one of the following:
- The survivor is a limited partnership and there are no changes to be made to its Certificate of Limited Partnership.
 - The survivor is a domestic limited partnership. Its Certificate of Limited Partnership is amended as a result of the merger. A Restated Certificate of Limited Partnership is attached.
 - The survivor is a foreign limited partnership organized in the state of _____ A copy of its Certificate of Limited Partnership as amended as a result of the merger is attached.
 - A new domestic limited partnership is created as a result of the consolidation. Its Certificate of Limited Partnership is attached.
 - A new limited partnership from the state of _____ is created as a result of the consolidation. A copy of its Certificate of Limited Partnership or similar document is attached.
 - The survivor is a domestic business organization other than a limited partnership. The organizing or governing documents of the surviving business organization are not amended as part of the merger.
 - The survivor is a domestic business organization other than a limited partnership. The organizing or governing documents of the surviving business organization are amended as a result of the merger. A statement of these changes is attached.
 - A new business organization from the state of _____ is created as a result of the consolidation. A copy of the organizing or governing documents of this new business organization are attached.
 - The survivor is a business organization from the state of _____ A copy of its organizing or governing documents is attached. These documents are amended as a result of the merger. A statement of these changes is attached.

Signed this 20th day of October, 2004

Signed this _____ day of _____

FCS Merging Limited Partnership
(Name of Limited Partnership)

(Name of Limited Partnership)

By [Signature]
(Signature of General Partner)

By _____
(Signature of General Partner)

FCS Holdings Inc.
(Type or Print Name)

(Type or Print Name)