

**PATENT ASSIGNMENT**

Electronic Version v1.1  
 Stylesheet Version v1.1

<b>SUBMISSION TYPE:</b>	NEW ASSIGNMENT
<b>NATURE OF CONVEYANCE:</b>	CHANGE OF NAME
<b>CONVEYING PARTY DATA</b>	
<b>Name</b>	<b>Execution Date</b>
Sibos Ascor, Inc.	09/15/2004
<b>RECEIVING PARTY DATA</b>	
<b>Name:</b>	Komax Systems York, Inc.
<b>Street Address:</b>	120 North Street
<b>City:</b>	York
<b>State/Country:</b>	PENNSYLVANIA
<b>Postal Code:</b>	17403
<b>PROPERTY NUMBERS Total: 1</b>	
<b>Property Type</b>	<b>Number</b>
<b>Application Number:</b>	09890040
<b>CORRESPONDENCE DATA</b>	
<b>Fax Number:</b>	(419)874-1130
<i>Correspondence will be sent via US Mail when the fax attempt is unsuccessful.</i>	
<b>Phone:</b>	419-874-1100
<b>Email:</b>	fisher@fraser-ip.com
<b>Correspondent Name:</b>	William J. Clemens
<b>Address Line 1:</b>	28366 Kensington Lane
<b>Address Line 4:</b>	Perrysburg, OHIO 43551
<b>ATTORNEY DOCKET NUMBER:</b>	1-17567
<b>NAME OF SUBMITTER:</b>	William J. Clemens
<b>Total Attachments: 4</b> source=17567 Name Change KOMAX SYSTEMS YORK 10-15-09#page1.tif source=17567 Name Change KOMAX SYSTEMS YORK 10-15-09#page2.tif source=17567 Name Change KOMAX SYSTEMS YORK 10-15-09#page3.tif source=17567 Name Change KOMAX SYSTEMS YORK 10-15-09#page4.tif	

CH \$40.00 09890040

PENNSYLVANIA DEPARTMENT OF STATE  
CORPORATION BUREAU

Articles of Amendment-Domestic Corporation

(15 Pa.C.S.)

Entity Number

2567301

- Business Corporation (§ 1915)  
 Nonprofit Corporation (§ 5915)

Name

Address

City

ESQUIRE ASSIST  
COUNTER PICK UP

Document will be returned to the  
name and address you enter to  
the left.

←

Fee: \$70

Filed in the Department of State on

SEP 27 2004

Vedra C. Cortes

Secretary of the Commonwealth

*[Signature]*

In compliance with the requirements of the applicable provisions (relating to articles of amendment), the undersigned, desiring to amend its articles, hereby states that:

1. The name of the corporation is:  
SIBOS ASCOR, INC.

2. The (a) address of this corporation's current registered office in this Commonwealth or (b) name of its commercial registered office provider and the county of venue is (the Department is hereby authorized to correct the following information to conform to the records of the Department):

(a) Number and Street City State Zip County  
120 North St. York PA 17403 York

(b) Name of Commercial Registered Office Provider County

3. The statute by or under which it was incorporated: PA Corporate Statute

4. The date of its incorporation: 2/27/94

5. Check, and if appropriate complete, one of the following:

The amendment shall be effective upon filing these Articles of Amendment in the Department of State.

The amendment shall be effective on: \_\_\_\_\_ at \_\_\_\_\_  
Date Hour

6. Check one of the following:

- The amendment was adopted by the shareholders or members pursuant to 15 Pa.C.S. § 1914(a) and (b) or § 5914(a).
- The amendment was adopted by the board of directors pursuant to 15 Pa. C.S. § 1914(c) or § 5914(b).

7. Check, and if appropriate, complete one of the following:

- The amendment adopted by the corporation, set forth in full, is as follows

The name of the corporation is: Komax Systems York, Inc.

- The amendment adopted by the corporation is set forth in full in Exhibit A attached hereto and made a part hereof.

8. Check if the amendment restates the Articles:

- The restated Articles of Incorporation supersede the original articles and all amendments thereto.

IN TESTIMONY WHEREOF, the undersigned corporation has caused these Articles of Amendment to be signed by a duly authorized officer thereof this

September of 15  
2004.

SIBOS ASCOR, INC.

Name of Corporation

Peter E. ...

Signature

Director, Secretary

Title

Docketing Statement (Changes)  
DSCB:15-134B

**BUREAU USE ONLY:**

Revenue  Labor & Industry

Other \_\_\_\_\_

File Code \_\_\_\_\_ Filed Date \_\_\_\_\_

**Part I. Complete for each filing:**

Current name of entity or registrant (survivor or new entity if merger or consolidation):  
SIBOS ASCOR, INC.

Entity number, if known: 2567301 Incorporation/qualification date in PA: 2/27/94

State of Inc: PA Federal EIN: \_\_\_\_\_ Specified effective date, if any: \_\_\_\_\_

**Part II. Check proper box:**

- Amendment (complete Section A)  Merger, Consolidation or Division (complete Section B,C or D)  
 Consolidation (complete Section C)  Division (complete Section D)  
 Conversion (complete Section A & B)  Correction (complete Section A)  
 Termination (complete Section II)  Revival (complete Section G)  
 Dissolution before Commencement of Business (complete Section F)

Section A - Check box(es) which pertain to changes:

Name: KOMAX SYSTEMS YORK, INC.

Registered Office: Number & street/RD number & box number City State Zip County

Purpose:

Stock (aggregate number of share authorized): \_\_\_\_\_ Effective date: \_\_\_\_\_

Term of Existence: \_\_\_\_\_ Other: \_\_\_\_\_

Section B - Merger Complete Section A if any changes to surviving entity:

Merging Entities are: (attach sheet for additional merging entities)

Name: \_\_\_\_\_ Entity #, if known: \_\_\_\_\_

Effective date: \_\_\_\_\_ Inc./qual. date in PA. \_\_\_\_\_ State of Inc. \_\_\_\_\_

Name: \_\_\_\_\_ Entity #, if known: \_\_\_\_\_

Effective date: \_\_\_\_\_ Inc./qual. date in PA. \_\_\_\_\_ State of Inc. \_\_\_\_\_

