### PATENT ASSIGNMENT

### Electronic Version v1.1 Stylesheet Version v1.1

SUBMISSION TYPE: NEW ASSIGNMENT

NATURE OF CONVEYANCE: CHANGE OF NAME

### **CONVEYING PARTY DATA**

Name	Execution Date
SCHROTH SAFETY PRODUCTS CORP.	08/06/2007

### **RECEIVING PARTY DATA**

Name:	BAE SYSTEMS SAFETY PRODUCTS INC.
Street Address:	1371 Southwest 8th Street
City:	Pompano Beach
State/Country:	FLORIDA
Postal Code:	33069

### PROPERTY NUMBERS Total: 3

Property Type	Number
Patent Number:	6065367
Patent Number:	5432987
Patent Number:	4854608

### **CORRESPONDENCE DATA**

Fax Number: (617)526-5000

Correspondence will be sent via US Mail when the fax attempt is unsuccessful.

Email: stephanie.geis@wilmerhale.com

Correspondent Name: Stephanie Geis
Address Line 1: 60 State Street
Address Line 2: WilmerHale

Address Line 4: Boston, MASSACHUSETTS 02109

ATTORNEY DOCKET NUMBER: 1040190.189

NAME OF SUBMITTER: Stephanie Geis

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# OFFICE OF THE SECRETARY OF STATE OF THE STATE OF COLORADO

## CERTIFICATE

I, Mike Coffman, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

BAE Systems Safety Products Inc.

# is a Corporation

formed or registered on 11/08/1993 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 19931126773

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 08/03/2007 that have been posted, and by documents delivered to this office electronically through 08/08/2007 @ 10:24:47.

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Denver, Colorado on 08/08/2007 @ 10:24:47 pursuant to and in accordance with applicable law. This certificate is assigned Confirmation Number 6855283.



Wik Coffee

Secretary of State of the State of Colorado

\*\*\*\*\*\*\*\*\*\*\*\*\*\*End of Certificate\*

Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Certificate Confirmation Page of the Secretary of State's Web site, <a href="http://www.sos.state.co.us/bir/CertificateSearchCriteria.do">http://www.sos.state.co.us/bir/CertificateSearchCriteria.do</a> entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, http://www.sos.state.co.us/click Business Center and select "Frequently Asked Questions."

CERT\_GS\_D Revised 01/02/2007



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Colorado Secretary of State Date and Time: 08/06/2007 11:17 AM

Id Number: 19931126773

Document number: 20071360957

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### **Articles of Amendment**

filed pursuant to §7-90-301, et seq. and §7-110-106 of the Colorado Revised Statutes (C.R.S.)

ID number:	19931120773
1. Entity name:	SCHROTH SAFETY PRODUCTS CORP.
	(If changing the name of the corporation, indicate name BEFORE the name change)
2. New Entity name: (if applicable)	BAE Systems Safety Products Inc.
3. Use of Restricted Words (if any of these terms are contained in an entity name, true name of an entity, trade name or trademark stated in this document, mark the applicable box):	"bank" or "trust" or any derivative thereof "credit union" "savings and loan" "insurance", "casualty", "mutual", or "surety"
4. Other amendments, if any, are attached.	
5. If the amendment provides for an excha states the provisions for implementing t	nge, reclassification or cancellation of issued shares, the attachment he amendment.
6. If the corporation's period of duration as amended is less than perpetual, state the date on which the period of duration expires:	
on.	(mm/dd/yyyy)
OR	
If the corporation's period of duration as	s amended is perpetual, mark this box:
7. (Optional) Delayed effective date:	(mm/dd/yyyy)
Notice:	
	he secretary of state for filing shall constitute the affirmation or

acknowledgment of each individual causing such delivery, under penalties of perjury, that the document is the individual's act and deed, or that the individual in good faith believes the document is the act and deed of the person on whose behalf the individual is causing the document to be delivered for filing, taken in conformity with the requirements of part 3 of article 90 of title 7, C.R.S., the constituent documents, and the organic statutes, and that the individual in good faith believes the facts stated in the document are true and the document complies with the requirements of that Part, the constituent documents, and the organic statutes.

AMD PC

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8. Name(s) and address(es) of the individual(s) causing the document to be delivered for filing:

name and address of such individuals.)

be delivered for filing:	Dicker	Suki		
<u> </u>	(Last)	(First)	(Middle)	(Suffix)
	1601 Research Blv	rd.		
	(Street name a	nd number or Post Offic	ce information)	
	Rockville	MD	20850	
	(City)	United S	(Postal/Zip C	ode)
	(Province – if applicable)	(Country – if	not US)	
(The document need not state the true name as of any additional individuals causing the doc				

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AMD\_PC

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Article 4. The address of the registered office of the Corporation is at 1675 Broadway, Suite # 1200, Denver, Colorado, 80202. The name of the registered agent at such address is The Corporation Company

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filed pursuant to §7-90-301, et seq. and §7-90-804	Statement of Chan §7-90-305.5 or §7-90-60- of the Colorado Revised	4 or 87-90-701 or 8	\$7-90-702 or \$7	7-90-705 c
ID number:	19931126773	( · · · · · · · · · · · · · · · · · · ·		
1. Entity name:				
	BAE Systems Safety Pr	oducts Inc.		
2. True name: (if different from the entity name)				
Complete lines 3 - 15 as applicable. Yo	u must complete line 16	i.		
3. Resignation of registered agent of reco	rd:			
Date on which agent resigned:				
Registered agent: (if an individual)	(mm/dd/yyyy)	<del></del>		
OR (if a business organization)	(Last)	(First)	(Middle)	(Suffix)
Registered agent street address:			***************************************	
	(Str	reet name and number)		
		СО		
	(City)	(State)	(Postal/Zip C	-
The person appointed as registered ager office address of its principal office.	nt has delivered notice of	the change to the	entity at the prir	ncipal
4. Appointment of new registered agent fol	llowing resignation of rec	ristered agent of -a	o o mel i	
Registered agent: (if an individual)	of tolerand of tolerand	sistered agent of re-	coru;	
OR (if a business organization)	(Last)	(First)	. (Middle)	(Suffix)
The person appointed as registered agent in	n the document has conse	ented to being so ap	ppointed.	

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Registered agent street address:			
	(Stre	ees name and number)	
		СО	
Registered agent mailing address:	(City)	(State)	(Posial/Zip Code)
(if different from above)	(Street name and nu	imber or Post Office E	Box information)
	(City)	(State)	(Postal/Zip Code)
	(Province - if applicable)	(Country – if no	ı US)
5. Change of registered agent name and/	or address of record:		
Registered agent: (if an individual)			
OR (if a business organization)	(Last)	(First)	(Middle) (Su
<b></b>		Corporation Comp	
The person appointed as registered ago Registered agent street address:	ent in the document has cons		appointed.
general agent offert address.	(Stree	1675 Broadway  I name and number) Suite #1200	
	Denver	CO	80202
Registered agent mailing address:	(City)	(State)	(Postal/Zip Code)
(if different from above)	(Street name and nun	iher or Posi Office Bo	x information)
	(City)	(State)	(Postal/Zip Code)
	(Province - if applicable)	(Country - if not	
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and is some circular by the le	gistered agent, the following	statement annli	ec.
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	(City)	(State)	(Postal/Zip Code)
	(Province – if applicable)	(Country - if not US)	•••
7. Document number: (required for change(s) to 8, 9, 10, 11, and/or 12 below)			
8. Change of entity name of record (LLP,	ort 61111D C		
New entity name:	art. Of LLLr or foreign entity on	iy):	
9. Change of true name of record (LLP, an.	61111D consul		
New true name:	or eder, general partnership or	toreign entity only):	
10. Change of jurisdiction of formation of New jurisdiction of formation:	record (foreign entity only):		
<ol> <li>Change of entity form of record (foreigness)</li> <li>New entity form:</li> </ol>	n entity only):		
12. Other change(s) not provided for above	:		
If other information contained in the attachment stating the information to	filed document is being char be changed and each such c	nged, mark this box	and include at
If other information is being added o addition or deletion.	r deleted, mark this box	and include an atta	schment stating each
13. Withdrawal of Statement of Registration	n of True Name: (if applicable	mark this hav	
14. Use of Restricted Words (if any of these terms are contained in an entity name, true name of an entity, trade name or trademark stated in this document, mark the applicable box):	"bank" or "trust" or ar	y derivative thereof "savings and loan"	ıty"
15. (Optional) Delayed effective date:	(mm/dd/yyyy)		
Notice:			
Causing this document to be delivered to the acknowledgment of each individual causing individual's act and deed, or that the individual person on whose behalf the individual is cau with the requirements of part 3 of article 90 of statutes, and that the individual in good faith document complies with the requirements of	such derivery, under penaltic ital in good faith believes the sing the document to be deli- of title 7, C.R.S., the constitu- believes the facts stated in the that Part, the constituent doc	es of perjury, that the document is the act vered for filing, take tent documents, and the document are tructuments, and the orgunents, and the orgunents.	e document is the and deed of the en in conformity the organic e and the ganic statutes.
This perjury notice applies to each individual state, whether or not such individual is named	who causes this document t d in the document as one wh	o be delivered to the o has caused it to be	e secretary of e delivered.
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16. Name(s) and address(es) of the individual(s) causing the document to be delivered for filing:

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(First)	(Middle)	(Suffi
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nd number or Post Office	Box information)	
MD 208	350	
(State)	(Postal/Zip Co	de)
(Country - if not	US)	
	(First)  nd number or Post Office  MD 208  (State)	(First) (Middle)  nd number or Post Office Box information)  MD 20850  (State) (Postal/Zip Co

(The document need not state the true name and address of more than one individual. However, if you wish to state the name and address of any additional individuals causing the document to be delivered for filing, mark this box and include an attachment stating the name and address of such individuals.)

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