## 502279124 03/20/2013

## 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
Electron Processing Systems, LLC	08/11/2009

## RECEIVING PARTY DATA

Name:	Electron Processing Systems, L.L.C.
Street Address:	51 Gleason Road
City:	Lexington
State/Country:	MASSACHUSETTS
Postal Code:	02420

# PROPERTY NUMBERS Total: 3

Property Type	Number
Patent Number:	6221216
Patent Number:	7145155
Patent Number:	5825037

#### **CORRESPONDENCE DATA**

Fax Number: 5088982020

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

Phone: 508-898-1818

Email: rob.frame@iplawboutique.com
Correspondent Name: Nields, Lemack & Frame, LLC

Address Line 1: 176 E. Main Street

Address Line 2: Suite 5

Address Line 4: Westboro, MASSACHUSETTS 01581

ATTORNEY DOCKET NUMBER: 535G1000

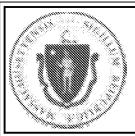
NAME OF SUBMITTER: Robert C. Frame

Total Attachments: 2

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PATENT REEL: 030049 FRAME: 0525 OP \$120.00 6221216

502279124



# The Commonwealth of Massachusetts William Francis Galvin

Secretary of the Commonwealth, Corporations Division One Ashburton Place, 17th floor Boston, MA 02108-1512 Telephone: (617) 727-9640

ELECTRON PROCESSING SYSTEMS L.L.C. Summary Screen

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Help with this form

Request a Certificate

The exact name of the Domestic Limited Liability Company (LLC): <u>ELECTRON PROCESSING SYSTEMS</u>

<u>L.L.C.</u>

The name was changed from: <u>ELECTRON PROCESSING SYSTEMS, LLC</u> on <u>8/11/2009</u>

Entity Type: <u>Domestic Limited Liability Company (LLC)</u>

Identification Number: <u>000984064</u>

Date of Organization in Massachusetts: 08/12/2008

**Last Date Certain:** 12/31/2040

The location of its principal office:

No. and Street: <u>51 GLEASON RD.</u>

City or Town:  $\underline{LEXINGTON}$  State:  $\underline{MA}$  Zip:  $\underline{02420}$  Country:  $\underline{USA}$ 

If the business entity is organized wholly to do business outside Massachusetts, the location of that office:

No. and Street:

City or Town: State: Zip: Country:

The name and address of the Resident Agent:
Name: JANE A. TRUDEAU

No. and Street: 15 MUZZEY ST.

City or Town: LEXINGTON State: MA Zip: 02421 Country: USA

The name and business address of each manager:

Title	<b>Individual Name</b> First, Middle, Last, Suffix	Address (no PO Box) Address, City or Town, State, Zip Code
MANAGER	SAMUEL V. NABIO PH.D	16 QUAIL RUN ACTON, MA 01740 USA
MANAGER	JAMES C. WOOD JR.	51 GLEASON RD. LEXINGTON, MA 02420 USA

The name and business address of the person in addition to the manager, who is authorized to execute documents to be filed with the Corporations Division.

Title	<b>Individual Name</b> First, Middle, Last, Suffix	Address (no PO Box) Address, City or Town, State, Zip Code
SOC SIGNATORY	NONE	51 GLEASON RD. LEXINGTON, MA 02420 USA

Title	Individual Name	Address (no PO Box)
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code
REAL PROPERTY	SAMUEL V. NABIO PH.D.	16 QUAIL RUN ACTON, MA 01740 USA
REAL PROPERTY	JAMES C. WOOD JR.	51 GLEASON RD. LEXINGTON, MA 02420 USA
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