

PATENT ASSIGNMENT

Electronic Version v1.1
 Stylesheet Version v1.1

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	Conversion
CONVEYING PARTY DATA	
Name	Execution Date
Contech Construction Products Inc.	01/31/2012
RECEIVING PARTY DATA	
Name:	Contech Engineered Solutions LLC
Street Address:	9025 Centre Pointe Drive
Internal Address:	Suite 400
City:	West Chester
State/Country:	OHIO
Postal Code:	45069
PROPERTY NUMBERS Total: 1	
Property Type	Number
Patent Number:	8434971
CORRESPONDENCE DATA	
Fax Number:	9374436635
<i>Correspondence will be sent via US Mail when the fax attempt is unsuccessful.</i>	
Phone:	513-352-6719
Email:	ipdocket@thompsonhine.com
Correspondent Name:	Michael J. Nieberding
Address Line 1:	Austin Landing I
Address Line 2:	10050 Innovation Drive, Suite 400
Address Line 4:	Dayton, OHIO 45342
ATTORNEY DOCKET NUMBER:	027262-00024 (SGJ)
NAME OF SUBMITTER:	Michael J. Nieberding
Signature:	/Michael J. Nieberding/
Date:	06/14/2013

OP \$40.00 8434971

Total Attachments: 10

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DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
01/31/2012	201203100136	CONVERSION WITHIN SOS RECORDS (CVS)	125.00	300.00		15.00	15.00

Receipt

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

THOMPSON HINE LLP
ATTN:CAROL R. RUSSELL
41 S. HIGH ST., #1700
COLUMBUS, OH 43215

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jon Husted

680440

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

CONTECH ENGINEERED SOLUTIONS LLC

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

Document(s)

CONVERSION WITHIN SOS RECORDS
CHANGE BUSINESS TYPE DOM. PROFIT LIM. LIAB. CO.

Document No(s):

201203100136



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 31st day of January, A.D.
2012.

Ohio Secretary of State



Form 700 Prescribed by the:
Ohio Secretary of State

Central Ohio: (614) 466-3910
Toll Free: (877) SOS-FILE (767-3453)

www.sos.state.oh.us
Busserv@sos.state.oh.us

Expedite this form: (select one)
Mail form to one of the following:

☒ Expedite PO Box 1390
Columbus, OH 43216

*** Requires an additional fee of \$100 ***

☐ Non Expedite PO Box 1329
Columbus, OH 43216

**CERTIFICATE OF CONVERSION FOR ENTITIES CONVERTING
WITHIN OR OFF THE RECORDS OF THE OHIO SECRETARY OF STATE**
Filing Fee: \$125

(CHECK ONLY ONE (1) BOX)

(1) ☒ Converting Within The Records of the Ohio
Secretary of State

(2) ☐ Converting Off The Records of the Ohio
Secretary of State
(187-VXX)

Name of the converting entity: CONTECH CONSTRUCTION PRODUCTS INC.

Jurisdiction of Formation: OHIO

Charter/Registration Number: 680440

The converting entity is a:
(Check Only (1) One Box)

<input checked="" type="checkbox"/> Domestic Corporation	<input type="checkbox"/> Partnership
<input type="checkbox"/> Foreign Corporation	<input type="checkbox"/> Domestic Limited Partnership
<input type="checkbox"/> Domestic Nonprofit Limited Liability Company	<input type="checkbox"/> Foreign Limited Partnership
<input type="checkbox"/> Foreign Nonprofit Limited Liability Company	<input type="checkbox"/> Domestic Limited Liability Partnership
<input type="checkbox"/> Domestic For-Profit Limited Liability Company	<input type="checkbox"/> Foreign Limited Liability Partnership
<input type="checkbox"/> Foreign For-Profit Limited Liability Company	<input type="checkbox"/> Business Trust

The converting entity hereby states that it has complied with all laws in the jurisdiction under which it exists and that those laws permit the conversion.

Name of the converted entity: CONTECH ENGINEERED SOLUTIONS LLC

Jurisdiction of Formation: OHIO

The converted entity is a:
(Check Only (1) One Box)

<input type="checkbox"/> Domestic Corporation	<input type="checkbox"/> Partnership
<input type="checkbox"/> Foreign Corporation	<input type="checkbox"/> Domestic Limited Partnership
<input type="checkbox"/> Domestic Nonprofit Limited Liability Company	<input type="checkbox"/> Foreign Limited Partnership
<input type="checkbox"/> Foreign Nonprofit Limited Liability Company	<input type="checkbox"/> Domestic Limited Liability Partnership
<input type="checkbox"/> Domestic For-Profit Limited Liability Company	<input type="checkbox"/> Foreign Limited Liability Partnership
<input type="checkbox"/> Foreign For-Profit Limited Liability Company	<input type="checkbox"/> Business Trust

RECEIVED
SECRETARY OF STATE
2012 JAN 31 AM 8:03

Effective Date _____ (Optional)	(The conversion is effective upon the filing of this certificate or on a later date specified in the certificate that it is not more than ninety days after filing)	
Name and address of the person or entity that will provide a copy of the declaration of conversion upon written request.		
KAREN J. GUEST		
Name		
9025 CENTRE POINTE DRIVE, SUITE 400		
Mailing Address		
WEST CHESTER	OH	45069
City	State	Zip Code

Required information that must accompany conversion certificate if box 2 is checked		
If the converting entity is a domestic or foreign entity that will not be licensed in Ohio, provide the name and address of the statutory agent upon whom any process, notice or demand may be served.		
Name of Statutory Agent		
Mailing Address		
City	State	Zip Code
<input type="checkbox"/> If the agent is an individual using a P.O. Box, check this box to confirm that the agent is an Ohio resident.		
If the converting entity is a domestic or foreign corporation licensed to transact business in Ohio and converting off the records, the certificate of conversion must be accompanied by the affidavits herein attached. (See instructions)		

See instructions for additional filing requirements if
(1) the conversion creates a new domestic entity,
(2) the converted entity is a foreign entity that desires to transact business in Ohio, or
(3) if a foreign or domestic corporation licensed to transact business in this state is the converting entity.

IN WITNESS WHEREOF, the conversion is authorized on behalf of the converting entity and that each person signing the certificate of conversion is authorized to do so.

Required
Must be authenticated (signed)
by an authorized representative.

Karen J. Guest
Signature

1/23/12
Date

KAREN J. GUEST

Print Name

VICE PRESIDENT, GENERAL COUNSEL

Title AND SECRETARY

Signature

Date

Print Name

Title

Signature

Date

Print Name

Title

**AFFIDAVIT RELEASES FROM VARIOUS GOVERNMENTAL AUTHORITIES
CONTECH CONSTRUCTION PRODUCTS INC.**

Exact Name of Corporation

If a foreign or domestic corporation licensed to transact business in Ohio is the converting entity, the certificate of conversion must be accompanied by the affidavits, receipts, certificates, or other evidence required by division (H) of section 1701.811(B)(4) of the Revised Code.

AGENCY Ohio Department of Taxation Dissolution Section 4485 Northland Ridge Blvd. Columbus, Ohio 43229	DATE NOTIFIED <u>1/24/2012</u>	AGENCY Ohio Job & Family Services Status and Liability Section Data Correspondence Control Fax: 614-752-4811 Phone: 614-468-2319 Overnight: 4020 East 5th Avenue Columbus, OH 43219-1811	DATE NOTIFIED <u>1/24/2012</u> Regular: P.O. Box 182413 Columbus, OH 43218-2413
AGENCY Ohio Bureau of Workers' Compensation 30 W. Spring Street Columbus, OH 43215	DATE NOTIFIED <u>1/24/2012</u>	TREASURER The treasurer of any county in which the corporation has personal property: BUTLER, DELAWARE, 1/24/12, 1/24/12, FRANKLIN, HAMILTON, 1/24/12, 1/24/12, HURON, KNOX, 1/24/12, 1/24/12, LUCAS, MONTGOMERY, 1/24/12, 1/24/12, SUMMIT, WARREN 1/24/12, 1/24/12	

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

Signature Karen J. Guest Title VICE PRESIDENT, GENERAL COUNSEL
KAREN J. GUEST AND SECRETARY
 Name

9025 CENTRE POINTE DRIVE, SUITE 400

Street Address / P.O. Box Address

WEST CHESTER

OH

45069

City

State

Zip Code

Acknowledged before me and subscribed in my presence on

Date

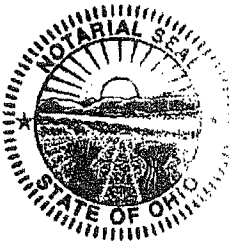
1/24/12

Seal

Melissa Traylor
 Notary Public

Commission Expires

March 30, 2016
 Date



MELISSA TRAYLOR
 NOTARY PUBLIC
 FOR THE STATE OF OHIO
 COMMISSION EXPIRES
 MARCH 30, 2016

AFFIDAVIT OF PERSONAL PROPERTY

STATE OF Ohio
County Butler SS:
KAREN J. GUEST
Name of Officer

VICE PRESIDENT, GENERAL COUNSEL of CONTECH CONSTRUCTION PRODUCTS INC.
Title of Officer AND SECRETARY Name of Corporation

and that this affidavit is made in compliance with Section 1701.811(B)(4) of the Ohio Revised Code.

That above-named corporation: (Check one (1) of the following)

- ☐ Has no personal property in any county in Ohio
- ☐ Is the type required to pay personal property taxes to state authorities only
- ☒ Has personal property only in the following county (ies)

Butler Delaware Franklin Hamilton Huron
Knox Lucas Montgomery Summit Warren

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

Signature:

Karen J. Guest

Title: VICE PRESIDENT, GENERAL COUNSEL
AND SECRETARY

Acknowledged before me and subscribed in my presence on

Date 11/28/12

Seal

Melissa Traylor
Notary Public

Expiration date of Notary Public's Commission

March 30, 2016
Date



MELISSA TRAYLOR
NOTARY PUBLIC
IN AND FOR THE STATE OF OHIO
MY COMMISSION EXPIRES
MARCH 30, 2016



Form 533A Prescribed by the:
Ohio Secretary of State

Central Ohio: (614) 466-3910
Toll Free: (877) SOS-FILE (767-3453)

www.OhioSecretaryofState.gov
Busserv@OhioSecretaryofState.gov

Mail this form to one of the following:

Regular Filing (non expedite)
P.O. Box 670
Columbus, OH 43216

Expedite Filing (Two-business day processing
time requires an additional \$100.00).
P.O. Box 1390
Columbus, OH 43216

ARTICLES OF ORGANIZATION FOR A DOMESTIC LIMITED LIABILITY COMPANY

Filing Fee: \$125

CHECK ONLY ONE (1) BOX

(1) ☒ Articles of Organization for Domestic
For-Profit Limited Liability Company
(115-LCA)

(2) ☐ Articles of Organization for Domestic
Nonprofit Limited Liability Company
(115-LCA)

Name of Limited Liability Company CONTECH ENGINEERED SOLUTIONS LLC

Name must include one of the following words or abbreviations: "limited liability company," "limited," "LLC," "L.L.C.," "ltd.," or "ltd"

Effective Date
(Optional)

mm/dd/yyyy

(The legal existence of the limited liability company begins upon the filing
of the articles or on a later date specified that is not more than ninety days
after filing)

This limited liability company shall exist for
(Optional)

Period of Existence

Purpose
(Optional)

**Note for Nonprofit LLCs

The Secretary of State does not grant tax exempt status. Filing with our office is not sufficient to obtain state or federal tax exemptions. Contact the Ohio Department of Taxation and the Internal Revenue Service to ensure that the nonprofit limited liability company secures the proper state and federal tax exemptions. These agencies may require that a purpose clause be provided.

ORIGINAL APPOINTMENT OF AGENT

The undersigned authorized member(s), manager(s) or representative(s) of

CONTECH ENGINEERED SOLUTIONS LLC

Name of Limited Liability Company

hereby appoint the following to be Statutory Agent upon whom any process, notice or demand required or permitted by statute to be served upon the limited liability company may be served. The name and address of the agent is

C T CORPORATION SYSTEM

Name of Agent

1300 EAST 9TH STREET

Mailing Address

CLEVELAND

City

Ohio

State

44114

ZIP Code

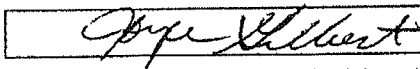
ACCEPTANCE OF APPOINTMENT

The undersigned, named herein as the statutory agent for

CONTECH ENGINEERED SOLUTIONS LLC

Name of Limited Liability Company

hereby acknowledges and accepts the appointment of agent for said limited liability company



Joyce Gilbert, Asst. Secretary

Individual Agent's Signature / Signature on Behalf of Corporate Agent

☐ If the agent is an individual and using a P.O. Box, check this box to confirm that the agent is an Ohio resident.

By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

Required

Articles and original appointment of agent must be authenticated (**signed**) by a member, manager or other representative.

If authorized representative is an individual, then they must sign in the "signature" box and print their name in the "Print Name" box.

If authorized representative is a business entity, not an individual, then please print the business name in the "signature" box, an authorized representative of the business entity must sign in the "By" box and print their name in the "Print Name" box.

Karen Guest
Signature

1/23/12
Date

By

Karen Guest
Print Name

Signature

Date

By

Print Name

Signature

Date

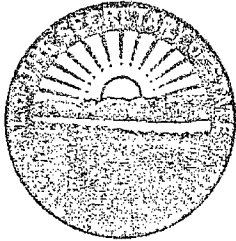
By

Print Name

Reg# 680440 UNITED STATES OF AMERICA,
STATE OF OHIO,
OFFICE OF THE SECRETARY OF STATE

I, Jon Husted, Secretary of State of the State of Ohio, do hereby certify that the foregoing is a true and correct copy, consisting of 9 pages, as taken from the original record now in my official custody as Secretary of State.

WITNESS my hand and official seal at
Columbus, Ohio, this 31st day of
January A.D. 2012

 JON HUSTED
Secretary Of State

By: Danella J. Stemp

NOTICE: This is an official certification only when reproduced in red ink

PATENT