

## PATENT ASSIGNMENT COVER SHEET

Electronic Version v1.1  
 Stylesheet Version v1.2

EPAS ID: PAT5670967

<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>
	HOBART BROTHERS COMPANY	10/01/2017
<b>RECEIVING PARTY DATA</b>		
<b>Name:</b>	HOBART BROTHERS LLC	
<b>Street Address:</b>	101 TRADE SQUARE EAST	
<b>City:</b>	TROY	
<b>State/Country:</b>	OHIO	
<b>Postal Code:</b>	45373	
<b>PROPERTY NUMBERS Total: 1</b>		
<b>Property Type</b>	<b>Number</b>	
<b>Application Number:</b>	14839420	
<b>CORRESPONDENCE DATA</b>		
<b>Fax Number:</b>		
<i>Correspondence will be sent to the e-mail address first; if that is unsuccessful, it will be sent using a fax number, if provided; if that is unsuccessful, it will be sent via US Mail.</i>		
<b>Phone:</b>	3127758000	
<b>Email:</b>	mreichstadt@mcandrews-ip.com	
<b>Correspondent Name:</b>	MCANDREWS, HELD & MALLOY, LTD.	
<b>Address Line 1:</b>	500 W. MADISON ST.	
<b>Address Line 2:</b>	34TH FLOOR	
<b>Address Line 4:</b>	CHICAGO, ILLINOIS 60661	
<b>ATTORNEY DOCKET NUMBER:</b>	62480US02 (66168-US)	
<b>NAME OF SUBMITTER:</b>	DUNSTAN H. BARNES	
<b>SIGNATURE:</b>	/Dunstan H. Barnes/	
<b>DATE SIGNED:</b>	08/15/2019	
<b>Total Attachments: 10</b>		
source=62480US02_66168-US_Change of Name#page1.tif		
source=62480US02_66168-US_Change of Name#page2.tif		
source=62480US02_66168-US_Change of Name#page3.tif		
source=62480US02_66168-US_Change of Name#page4.tif		
source=62480US02_66168-US_Change of Name#page5.tif		

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source=62480US02\_66168-US\_Change of Name#page7.tif  
source=62480US02\_66168-US\_Change of Name#page8.tif  
source=62480US02\_66168-US\_Change of Name#page9.tif  
source=62480US02\_66168-US\_Change of Name#page10.tif



DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	CERT	COPY
09/29/2017	201727201896	Conversion Within SOS Records (CVS)	99.00	300.00	0.00	0.00

**Receipt**

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

CT CORPORATION SYSTEM  
4400 EASTON COMMONS WAY SUITE 125  
ATTN: TIMOTHY ROBERSON  
COLUMBUS, OH 43219

# STATE OF OHIO CERTIFICATE

**Ohio Secretary of State, Jon Husted**  
44147

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

**HOBART BROTHERS LLC**

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

Document(s)

**Conversion Within SOS Records**

**Effective Date: 10/01/2017**

CHANGE BUSINESS TYPE DOM. PROFIT LIM. LIAB. CO.

Document No(s):

**201727201896**



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  
29th day of September, A.D. 2017.

**Ohio Secretary of State**



Form 700 Prescribed by:

**JON HUSTED**  
**OHIO SECRETARY OF STATE**

Toll Free: (877) SOS-FILE (877-767-3453)

Central Ohio: (614) 466-3910

www.OhioSecretaryofState.gov

bussserv@OhioSecretaryofState.gov

File online or for more information: www.OHBusinessCentral.com

Mail this form to one of the following:

Regular Filing (non expedite)

P.O. Box 1329

Columbus, OH 43216

Expedite Filing (Two business day processing time.

Requires an additional \$100.00)

P.O. Box 1500

Columbus, OH 43216

## Certificate for Conversion for Entities Converting Within or Off the Records of the Ohio Secretary of State

### Filing Fee: \$99

### Form Must Be Typed

(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 Jurisdiction of Formation Charter/Registration Number 

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

☒ Domestic Corporation (For-Profit or Nonprofit)☐ Foreign Corporation (For-Profit or Nonprofit)☐ Domestic Nonprofit Limited Liability Company☐ Foreign Nonprofit Limited Liability Company☐ Domestic For-Profit Limited Liability Company☐ Foreign For-Profit Limited Liability Company☐ Partnership☐ Domestic Limited Partnership☐ Foreign Limited Partnership☐ Domestic Limited Liability Partnership☐ Foreign Limited Liability Partnership

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.

RECEIVED  
2017 SEP 29 PM 12:50  
CLIENT SERVICE CENTER

Name of the converted entity **Hobart Brothers LLC**Jurisdiction of Formation **Ohio**

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

- |   |   |
|---|---|
| <input type="checkbox"/> Domestic Corporation (For-Profit)                        | <input type="checkbox"/> Partnership                            |
| <input type="checkbox"/> Foreign Corporation (For-Profit or Nonprofit)            | <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 checked="" type="checkbox"/> Domestic For-Profit Limited Liability Company | <input type="checkbox"/> Foreign Limited Liability Partnership  |
| <input type="checkbox"/> Foreign For-Profit Limited Liability Company             |   |

Effective Date  
(Optional) **October 1, 2017**

(The conversion is effective upon the filing of this certificate or on a later date specified in the certificate)

Name and address of the person or entity that will provide a copy of the declaration of conversion upon written request.

**Joanna B. Pasek**

Name

**101 Trade Square East**

Mailing Address

**Troy**

City

**Ohio**

State

**45373**

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

**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 domestic corporation or foreign corporation licensed in Ohio 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 signed by an  
authorized representative.

  
Signature



By (if applicable)

Joanna B. Pasek, Vice President

Print Name



Signature



By (if applicable)




Print Name



Signature



By (if applicable)



Print Name

Complete the information in this section.

**AFFIDAVIT**

In lieu of dissolution releases from various governmental authorities.

Hobart Brothers Company

Name of Corporation

The undersigned, being first duly sworn, declares that on the dates indicated below, each of the named state governmental agencies was advised IN WRITING of the scheduled date of filing of the Certificate and was advised IN WRITING of the acknowledgement by the corporation of the applicability of the provisions of section 1701.95 of the ORC.

Agency	Date Notified	Agency	Date Notified
Ohio Bureau of Workers' Compensation 30 W. Spring Street Columbus, Ohio 43215	9/22/2017	Ohio Job & Family Services Status and Liability Section Data Correspondence Control Fax: 614-752-4811 Phone: 614-466-2319 Overnight: P.O. Box 182413 Columbus, OH 43218-2413	9/22/2017     Regular: P.O. Box 182413 Columbus, OH 43218-2413
*Only required for domestic for-profit corporations			
Ohio Department of Taxation Taxpayer Services Division/Tax Release Unit PO Box 182382 Columbus, OH 43218-2382 Dissolution@tax.state.oh.us *Complete this date notified field only if the corporation is a domestic non-profit corporation or foreign corporation. [see* note below]	9/22/2017	<input type="checkbox"/> The corporation is not required to pay or the department of taxation has not assessed any personal property tax.	

\*Note: Domestic for-profit corporations must submit with this filing a Certificate of Tax Clearance issued by the Ohio Department of Taxation.

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

Signature

*Joanna Pasek*

Title

Vice President

Joanna B. Pasek

Name

101 Trade Square East

Mailing Address

Troy

City

Ohio

State

45373

Zip Code

Sworn to and subscribed in my presence on

9/22/2017

Date

Seal



MICHELLE E. MYERS  
OFFICIAL SEAL  
Notary Public, State of Illinois  
My Commission Expires  
March 26, 2018

Notary Public

Commission Expires

3/26/2018

Date

## AFFIDAVIT OF PERSONAL PROPERTY

State of IllinoisCounty of CookJoanna B. Pasek

Name of Officer

Vice President

Title of Officer

of

Hobart Brothers Company

Name of Corporation

and that this affidavit is made in compliance with Section 1701.86(H)(1) of the Ohio Revised Code.

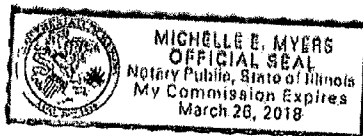
That above-named corporation: (Check one (1) of the following)

☐ 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 in the following county (ies)MiamiSignature: Joanna PasekTitle: Vice President

Sworn to and subscribed in my presence on Date

9/24/2017

Seal

Michelle E. Myers  
Notary Public

Expiration date of Notary Public's Commission

Date

9/24/2017 3/26/2018



SEP. 29. 2017 8:02AM

OHIO DEPT TAXATION

NO. 4104 P. 1

Department of  
Taxation

PO Box 182382  
Columbus, OH 43218-2382  
tax.ohio.gov



JOANNA PASEK  
HOBART BROTHERS COMPANY  
155 HARLEM AVE  
GLENVIEW, IL 60025  
USA

September 27, 2017  
Contact ID: 8341820096

RE: Certificate of Tax Clearance  
Entity Name: Hobart Brothers Company  
Ohio Charter # 00044147  
Certificate Issue Date: 09/27/2017

This certificate confirms the above-referenced entity filed all tax returns and paid in full all taxes and fees administered by the Tax Commissioner through the certificate issue date referred to above.

This certificate does not preclude the Department from issuing a bill and/or assessment against the entity for any tax returns and/or tax liabilities and fees that become due after the certificate issue date. Also, this certificate does not preclude the Department from conducting an examination or audit for any period ending prior to the date this certificate is filed with the Ohio Secretary of State.

This Certificate of Tax Clearance is valid for thirty (30) days from the certificate issue date and must be filed along with all forms prescribed by the Ohio Secretary of State.

Joseph W. Testa  
Tax Commissioner

If you have any questions, please contact us.

Tax Release Unit  
Phone: 1-888-405-4039  
Fax: 1-206-984-0378  
TTY/TDD: 1-800-750-0750

TRAT0001

1 of 1



Form 533A Prescribed by:

**JON HUSTED**  
 OHIO SECRETARY OF STATE

Toll Free: (877) SOS-FILE (877-787-3453)

Central Ohio: (614) 466-3910

www.OhioSecretaryofState.gov

busserve@OhioSecretaryofState.gov

File online or for more information: www.OHBusinessCentral.com

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 1300

Columbus, OH 43216

## Articles of Organization for a Domestic Limited Liability Company

Filing Fee: \$99

Form Must Be Typed

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 **Hobart Brothers LLC**

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

Effective Date **10/01/2017**  
(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

Hobart Brothers 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

CT Corporation System

Name of Agent

4400 Easton Commons Way, Suite 125

Mailing Address

Columbus

City

Ohio

State

43219

ZIP Code

**ACCEPTANCE OF APPOINTMENT**

The undersigned, CT Corporation System named herein as the statutory agent  
Statutory Agent Name

for Hobart Brothers LLC  
Name of Limited Liability Company

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

Statutory Agent Signature

James H. Tanks III  
Individual Agent's Signature / Signature on Behalf of Business Serving as Agent  
Assistant Secretary

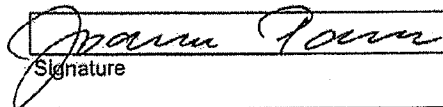
By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

**Required**

Articles and original appointment of agent must be 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.

  
Signature

By (if applicable)

Joanna B. Pasek, Vice President

Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name