505921830 02/18/2020

PATENT ASSIGNMENT COVER SHEET

Electronic Version v1.1 Stylesheet Version v1.2 EPAS ID: PAT5968548

SUBMISSION TYPE:		CORRECTIVE ASSIGNMENT			
NATURE OF CONVEYANCE:		Corrective Assignment to correct the ADDRESS OF ASSIGNEE previously recorded on Reel 051645 Frame 0185. Assignor(s) hereby confirms the RELEASE BY SECURED PARTY.			
CONVEYING PARTY D	ΑΤΑ				
		Name	Execution Date		
JPMORGAN CHASE B	ANK, N.A., A	S COLLATERAL AGENT	COLLATERAL AGENT		
RECEIVING PARTY DA	ATA				
Name:	THE AME	S COMPANIES, INC.			
Street Address:	13485 VE	TERAN'S WAY			
Internal Address:	SUITE 20	0			
City:	ORLAND)			
State/Country:	FLORIDA				
Postal Code:	32827				
Property Type Patent Number:		Number 82894	-		
			-		
CORRESPONDENCE I	ΔΑΤΑ				
Fax Number:	(21	2)698-3599			
		e e-mail address first; if that is un f that is unsuccessful, it will be se			
Phone:	•	26983500			
Email:	•	tents@dechert.com			
Correspondent Name:					
Address Line 1:					
Address Line 2: Address Line 4:		95 AVENUE OF THE AMERICAS W YORK, NEW YORK 10036			
Address Line 4.	INC				
ATTORNEY DOCKET NUMBER:		120100			
NAME OF SUBMITTER:		NOAH SHIER			
SIGNATURE:		/Noah Shier/			
DATE SIGNED:		02/18/2020			
Total Attachments: 2					_
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505886610 01/28/2020 PATENT ASSIGNMENT COVER SHEET

Electronic Version v1.1 Stylesheet Version v1.2 EPAS ID: PAT5933435

SUBMISSION TYPE:		NEW ASSI	NEW ASSIGNMENT				
IATURE OF CONVEYAN	Image: Ture of conveyance: Release of security integration			ITERE	ST		
CONVEYING PARTY D	ΑΤΑ						
		Name				Execution D	ate
JPMORGAN CHASE BA	NK, N.A.	AS COLLATER	AL AGENT			11/03/2017	
RECEIVING PARTY DA	ТА						
Name:	THE AM	ES COMPANIES	S, INC.				
Street Address:	465 RA	LROAD AVENU	Ξ				
City:	CAMP H	IILL					
State/Country:	PENNS	YLVANIA					
Postal Code:	17011						
Property Type			umber				
Property Type Patent Number:	[Nu 0782894	umber				
Patent Number:			umber				
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UCC FINANCING STATEMENT AMENDMENT

EOF	1 CMM #	NOTOR	UCTION	10
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A. NAME & PHONE OF CONTACT AT FILER (optional)				
B. E-MAIL CONTACT AT FILER (optional)		-	Delaware Department of U.C.C. Filing Section	L.
C. SEND ACKNOWLEDGMENT TO: (Name and Address)		-	Filed: 06:57 PM 11/06/2	and factorial and the second
			U.C.C. Initial Filing No: 2015	
CT Corporation			Amendment No: 2017 735	
4400 Easton Commons Way, Suite 125			Service Request No: 20176	958125
Columbus, Ohio 43219				
ATTN: Sarah Mahrt				
	I			
	<u> </u>	THE ABOVE SPA	CE IS FOR FILING OFFICE USE	ONLY
a. INITIAL FINANCING STATEMENT FILE NUMBER			MENT AMENDMENT is to be filed [fo	
2015 2808292 06/30/2015		(or recorded) in the REAL		tanta waxaa in kana 12
			dendum (Form UCC3Ad) <u>and</u> provide Det	
2. 3 3 ERMINATION: Effectiveness of the Financing Statement identified about Statement	ove is terminated i	with respect to the security intere	si(s) of Secured Party authorizing th	is Termination
3. ASSIGNMENT (full or partial). Provide name of Assignee in item 7a or For partial assignment, complete items 7 and 9 and elso indicate affected			of Assignor in item 9	
4. CONTINUATION: Effectiveness of the Financing Statement identified a continued for the additional period provided by applicable law	above with respect	to the security interest(s) of Sec	ured Party authorizing this Continua	tion Statement is
5. PARTY INFORMATION CHANGE:			and the same the second of the	2.27 - 2.
	ne of these three b	oxes to:		
CHA	NGE name and/or	address: Complete ADD nar 7a or 7b <u>and</u> ilem 7c 7a or 7b	ne: Complete item DELETE name	Give record name
6. CURRENT RECORD INFORMATION: Complete for Party Information Cha		Research Research		
Ba, ORGANIZATION'S NAME	ange - provide only	200 name (od of oo)		····· <u>·</u>
OR 6b. INDIVIDUAL'S SURNAME	FIRST PERSO	AL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Inform	ation Change - provide	only <u>one</u> name (7a or 7b) (use exact, full n	ame, do not omit, modify, or abbreviate any part	of the Debtor's name)
7a. ORGANIZATION'S NAME				
OR 76. INDIVIDUAL'S SURNAME	+	÷		
INDIVIDUAL'S FIRST PERSONAL NAME			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)			<u> </u>	SUFFIX
7c. MAILING ADDRESS	CITY		STATE POSTAL CODE	COUNTRY
	DD collateral	DELETE collateral	RESTATE covered cellateral	ASSIGN collateral
8. COLLATERAL CHANGE: Also check one of these four boxes:				

Indicate collateral:

The "Purchased Assets" as defined in, and solely to the extent sold by Debtor to The Ames Companies, Inc. ("Buyer") pursuant to that certain Asset Purchase Agreement dated as of, and as in effect on November 3, 2017 between the Debtor and the Buyer (the "APA"), and without giving effect to any amendment or other modification thereto, and expressly excluding any other assets, including without limitation, the "Excluded Assets" as defined in the APA.

9a. ORGANIZATION'S NAME JPMorgan Chase Bank, J	N.A., as Collateral Agent		
DR 96. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
0. OPTIONAL FILER REFERENCE DATA: Filed with: Delaware SOS	Debtor: Horizon Global Americas Inc.	509265/1911	