

PATENT ASSIGNMENT COVER SHEET

Electronic Version v1.1
 Stylesheet Version v1.2

EPAS ID: PAT6035598

SUBMISSION TYPE:	NEW ASSIGNMENT	
NATURE OF CONVEYANCE:	MERGER	
EFFECTIVE DATE:	12/31/2017	
CONVEYING PARTY DATA		
	Name	Execution Date
	ARCONIC INC.	12/29/2017
RECEIVING PARTY DATA		
Name:	ARCONIC INC.	
Street Address:	201 ISABELLA STREET	
City:	PITTSBURGH	
State/Country:	PENNSYLVANIA	
Postal Code:	15212	
PROPERTY NUMBERS Total: 2		
	Property Type	Number
	Application Number:	15705958
	Application Number:	15704594
CORRESPONDENCE DATA		
Fax Number:	(216)579-6073	
<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>		
Phone:	216-579-1700	
Email:	cgilmore@pearne.com	
Correspondent Name:	JOHN P. MURTAUGH/PEARNE & GORDON LLP	
Address Line 1:	1801 E. 9TH STREET, SUITE 1200	
Address Line 4:	CLEVELAND, OHIO 44114-3108	
ATTORNEY DOCKET NUMBER:	BRAQ-J1488	
NAME OF SUBMITTER:	JOHN P. MURTAUGH	
SIGNATURE:	/johnpmurtaugh/	
DATE SIGNED:	03/27/2020	
Total Attachments: 4		
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source=Statement of Merger#page2.tif		
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source=Statement of Merger#page4.tif		

Entity# : 6645101
Date Filed : 12/29/2017
Effective Date : 12/31/2017
Robert Torres

Acting Secretary of the Commonwealth

PENNSYLVANIA DEPARTMENT OF STATE
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS

<input checked="" type="checkbox"/> Return document by mail to:		
Name CT - COUNTER		
Address 10775117 80		
City	State	Zip Code
Return document by email to: _____		

Statement of Merger

DSCB:15-335
(7/1/2015)



TCO180105MC0894

Read all instructions prior 1

Fee: \$70 plus \$40 for *each* association that is a party to the merger
The minimum amount to be submitted with this filing is \$150

In compliance with the requirements of the applicable provisions of 15 Pa.C.S. § 335 (relating to Statement of merger), the undersigned, desiring to effect a merger, hereby states that:

A. For the surviving association:

1. The name of the surviving association is: Arconic Inc.
2. The jurisdiction of formation of the surviving association: Delaware
3. The type of association of the surviving association is (check only one):
 - ☒ Business Corporation
 - ☐ Nonprofit Corporation
 - ☐ Limited Liability Company
 - ☐ Limited Partnership
 - ☐ Limited Liability (General) Partnership
 - ☐ Limited Liability Limited Partnership
 - ☐ Business Trust
 - ☐ Professional Association
 - ☐ Other _____

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PA DEPT OF STATE

PATENT
REEL: 052247 FRAME: 0126

4. The surviving association is a (check only one box, provide address and follow instructions for attachments):

- ☐ Domestic (Pennsylvania) filing entity already in existence on Department of State records
If applicable, attach to this Statement any amendment to its public organic record approved as part of the plan of merger.
- ☐ NEW domestic (Pennsylvania) filing entity (includes limited liability limited partnership)
Attach to this Statement the public organic record of the new entity.
- ☒ Foreign filing association or foreign limited liability partnership already registered with the Department.
If applicable, attach to this Statement any amendment to or transfer of its foreign registration approved as part of the plan of merger.
- ☐ Foreign filing association or foreign limited liability partnership simultaneously seeking registration with the Department of State
Attach to this Statement a completed form DSCB:15-412 (Foreign Registration Statement) with applicable fee and attachments.

Its current registered office address. Complete part (a) **OR** (b) – not both:

(a) _____
Number and street City State Zip County

(b) c/o: CT Corporation Sytem _____ Dauphin
Name of Commercial Registered Office Provider County

- ☐ NEW domestic (Pennsylvania) limited liability partnership or electing partnership
Attach completed DSCB:15-8201 (Statement of Registration) or DSCB:15-8701A (Statement of Election)
- ☐ Domestic association that is not a domestic filing association
Attach to this Statement tax clearance certificates.

The address, including street and number, if any, of its principal office:

Number and street City State Zip County

- ☐ Foreign association that is not, and will not, be registered with the Department of State
Attach to this Statement tax clearance certificates.

The address, including street and number, if any, of its registered or similar office, if any, required to be maintained by the law of its jurisdiction of formation; or if it is not required to maintain a registered or similar office, its principal office:

Number and street City State Zip

B. For the merging association(s) that are not surviving the merger:

1. The name of the merging association is: Arconic Inc.
2. The jurisdiction of formation of the merging association: Pennsylvania
3. The type of association is (check only one):
- | | | |
|---|--|---|
| <input checked="checked" type="checkbox"/> Business Corporation | <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Business Trust |
| <input type="checkbox"/> Nonprofit Corporation | <input type="checkbox"/> Limited Liability (General) Partnership | <input type="checkbox"/> Professional Association |
| <input type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Limited Liability Limited Partnership | <input type="checkbox"/> Other _____ |
4. Check and complete one of the following addresses.

<input checked="checked" type="checkbox"/>	<p>If the merging association is a domestic filing association, domestic limited liability partnership or registered foreign association, the current registered office address as on file with the Department of State. <i>Complete part (a) OR (b) – not both:</i></p> <p>(a) _____ Number and street City State Zip County</p> <p>(b) c/o: CT Corporation System _____ Name of Commercial Registered Office Provider Dauphin County</p>
<input type="checkbox"/>	<p>If the merging association is a domestic association that is <i>not</i> a domestic filing association or limited liability partnership, the address, including street and number, if any, of its principal office:</p> <p>_____</p> <p>Number and street City State Zip County</p>
<input type="checkbox"/>	<p>If the merging association is a nonregistered foreign association, the address, including street and number, if any, of its registered or similar office, if any, required to be maintained by the law of its jurisdiction of formation; or if it is not required to maintain a registered or similar office, its principal office address:</p> <p>_____</p> <p>Number and street City State Zip</p>

**Use Statement of Merger – Addendum (DSCB:15-335AD)
for additional merging parties that are not surviving the merger.**

C. Effective date of statement of merger (check, and if appropriate complete, one of the following):


- ☐ This Statement of Merger shall be effective upon filing in the Department of State.
☒ This Statement of Merger shall be effective on: December 31, 2017 at _____
Date (MM/DD/YYYY) Hour (if any)

D. Approval of merger by merging associations (check all applicable statement(s)):

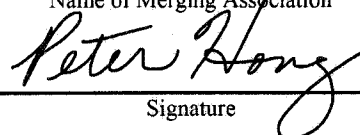
- ☒ For domestic entities – The merger was approved in accordance with 15 Pa.C.S. Chapter 3, Subchapter C (relating to merger).
☒ For foreign associations – The merger was approved in accordance with the laws of the jurisdiction of formation.
☐ For domestic associations that are not domestic entities – The merger was approved by the interest holders of the merging association in the manner required by its organic law.

E. Attachments (see Instructions for required and optional attachments).

IN TESTIMONY WHEREOF, the undersigned merging associations have caused this Statement of Merger to be signed by duly authorized officers thereof this 29th day of December, 20 17.

Arconic Inc.
Name of Merging Association

Signature

EVP, Chief Legal Officer and Secretary
Title

Arconic Inc.
Name of Merging Association

Signature

Treasurer
Title