## PATENT ASSIGNMENT COVER SHEET

Electronic Version v1.1 Stylesheet Version v1.2 EPAS ID: PAT6932281

| SUBMISSION TYPE:      | NEW ASSIGNMENT            |  |  |
|-----------------------|---------------------------|--|--|
| NATURE OF CONVEYANCE: | MERGER AND CHANGE OF NAME |  |  |
| EFFECTIVE DATE:       | 09/08/2014                |  |  |

## **CONVEYING PARTY DATA**

| Name                           | Execution Date |
|--------------------------------|----------------|
| COLE-PARMER INSTRUMENT COMPANY | 09/08/2014     |

## **NEWLY MERGED ENTITY DATA**

| Name                               | Execution Date |
|------------------------------------|----------------|
| COLE-PARMER INSTRUMENT COMPANY LLC | 09/08/2014     |

## MERGED ENTITY'S NEW NAME (RECEIVING PARTY)

| Name:           | COLE-PARMER INSTRUMENT COMPANY LLC |
|-----------------|------------------------------------|
| Street Address: | 625 BUNKER COURT                   |
| City:           | VERNON HILLS                       |
| State/Country:  | ILLINOIS                           |
| Postal Code:    | 60061                              |

### **PROPERTY NUMBERS Total: 6**

| Property Type  | Number  |
|----------------|---------|
| Patent Number: | 7478999 |
| Patent Number: | 7980835 |
| Patent Number: | 7874819 |
| Patent Number: | 8052399 |
| Patent Number: | D605286 |
| Patent Number: | 6494693 |

#### CORRESPONDENCE DATA

**Fax Number:** (202)857-6395

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.

**Phone:** 2028576000

**Email:** patentdocket@arentfox.com

**Correspondent Name:** ARENT FOX LLP **Address Line 1:** 1717 K STREET, NW

Address Line 4: WASHINGTON, D.C. 20006-5344

PATENT REEL: 057577 FRAME: 0738

506885461

| ATTORNEY DOCKET NUMBER: | 037574.00198          |
|-------------------------|-----------------------|
| NAME OF SUBMITTER:      | COLIN J. HARRINGTON   |
| SIGNATURE:              | /Colin J. Harrington/ |
| DATE SIGNED:            | 09/23/2021            |

#### **Total Attachments: 10**

- source=CP Organization Documents Articles of Organization Articles of Merger Agreement and Plan of Merger#page1.tif
- source=CP Organization Documents Articles of Organization Articles of Merger Agreement and Plan of Merger#page2.tif
- source=CP Organization Documents Articles of Organization Articles of Merger Agreement and Plan of Merger#page3.tif
- source=CP Organization Documents Articles of Organization Articles of Merger Agreement and Plan of Merger#page4.tif
- source=CP Organization Documents Articles of Organization Articles of Merger Agreement and Plan of Merger#page5.tif
- source=CP Organization Documents Articles of Organization Articles of Merger Agreement and Plan of Merger#page6.tif
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## OFFICE OF THE SECRETARY OF STATE

## JESSE WHITE • Secretary of State

0482485-7

06/21/2016

mritter@ritterassoc.com

RE: COLE-PARMER INSTRUMENT COMPANY LLC

DEAR SIR OR MADAM:

ENCLOSED PLEASE FIND THE CERTIFIED COPY REQUESTED CONCERNING THE ABOVE REFERENCED LIMITED LIABILITY COMPANY.

THE ATTACHED WAS ASSIGNED AUTHENTICATION NUMBER 1617301995.

THE REQUIRED FEE IS HEREBY ACKNOWLEDGED.

SINCERELY YOURS,

JESSE WHITE SECRETARY OF STATE

DEPARTMENT OF BUSINESS SERVICES LIMITED LIABILITY COMPANY DIVISION

lace White

TELEPHONE: (217)524-8008

JW:LLC



## To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

ATTACHED HERETO IS A TRUE AND CORRECT COPY, CONSISTING OF 7 PAGE(S), AS TAKEN FROM THE ORIGINAL ON FILE IN THIS OFFICE FOR COLE-PARMER INSTRUMENT COMPANY LLC.



Authentication #: 1617301995 verifiable until 06/21/2017. Authenticate at: http://www.cyberdriveillinois.com

## In Testimony Whereof, I hereto set

my hand and cause to be affixed the Great Seal of the State of Illinois, this 21ST

day of

**JUNE** 

A.D.

2016

SECRETARY OF STATE

# Form LLC-5.5

May 2012

Secretary of State

Department of Business Services Limited Liability Division 501 S. Second St., Rm. 351 Springfield, IL 62756 217-524-8008 www.cyberdriveillinois.com

Payment must be made by certified check, cashier's check, illinois attorney's check, C.P.A.'s check or money order payable to Secretary of State.

## Illinois Limited Liability Company Act

## **Articles of Organization**

## : - SUBMIT IN DUPLICATE

Type or print clearly.

This space for use by Secretary of Stele.

Filing Fee: \$500 Approved: 78 FILE #

This space for use by Secretary of State.

## FILED

SEP 0 3 2014

JESSE WHITE SECRETARY OF STATE

| 1.          | Limited Liability Company Name: Cole-Parmer Instrument Company Merger Sub LLC  The LLC name must contain the words Limited Liability Company, L.L.C. or LLC and cannot contain the terms Corporation, Corp., Incorporated, Inc., Ltd., Co., Limited Partnership or L.P. |                    |                            |                          |  | <del></del>                    |            |  |
|-------------|---|--------------------|----------------------------|--------------------------|--|--------------------------------|------------|--|
| 9           | Address of Principal  |                    | ess where records of the   |                          | • •  |                                |            |  |
| <b>6</b> -1 | •   |                    |                            | ic company will be kep   | it. (F.O. DOX BIONS O                            | ( C/O is unacceptable.)        |            |  |
|             | 625 E. Bunker (   | Ct., Vemon Alli    | 5, IL 0000 I               |                          | PA   |                                |            |  |
| 3.          | Articles of Organization effective on: (check one)  |                    |                            |                          | SEP 0 4 2014                                     |                                |            |  |
|             | (Z) the filing date   |                    |                            |                          | DEGAD:   | CHENT OF                       |            |  |
|             | _   | t to exceed 60 d   | ays after the filing date) | t                        | DEPARTMENT OF BUSINESS SERVICES Month, Day, Year |                                |            |  |
| 4.          | Registered Agent's  | Name and Regi      | stered Office Address:     |                          |  |                                |            |  |
|             | Registered Agent:   | National Regi      | istered Agents, Inc.       |                          |  |                                |            |  |
|             | ,   | First Na           | ame                        | Middle Initial           |  | Last Name                      |            |  |
|             | Desired On  | 200 West Ada       | ame Straet                 |                          |  |                                |            |  |
|             | Registered Office:<br>(P.O. Box alone or c/o  | Number             |                            | Street                   |  | Suite #                        |            |  |
|             | is unacceptable.)   | <b></b>            |                            | TT                       |  |                                |            |  |
|             | -   | Chicago<br>City    |                            | <u>IL</u>                | 60606  | ZIP Code                       | —          |  |
| No          | te: The registered a  | ,                  | e in litinois. If the agen | it is a business entity, | it must be authoriz                              | red to act as agent in this s  | ale.       |  |
| 5.          | Purpose(s) for which  | th the Limited Lia | ibility Company is organ   | ized:                    |  |                                |            |  |
|             |   |                    |                            |                          | npanies may be or                                | ganized under this Act,        |            |  |
|             |   | -                  |                            |                          |  | will be rendered if different  |            |  |
|             | from item 2. If more  | e space is neede   | d, use additional sheet:   | s of this size.)         |  |                                |            |  |
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|             |   |                    |                            |                          |  |                                |            |  |
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|             | <del></del>   |                    |                            |                          |  |                                |            |  |
|             |   |                    |                            |                          |  | •                              |            |  |
| 6.          | The duration of the   | company is per     | netual unless otherwise    | stated If the operating  | i agreement provids                              | es for a dissolution date, ent | <b>a</b> r |  |
| Ψ,          | that date here:   | company a port     | Solver dilibod office Mide | outer, a sic operating   | , -3 in provide                                  | o to a discondition date, the  | **         |  |
|             | mar vare nere;  | Мо                 | nth, Day, Year             |                          |  |                                |            |  |

Printed by authority of the State of Illinois, July 2014  $\pm$  1  $\pm$  LLC 4.19

**PATENT** 

**REEL: 057577 FRAME: 0742** 

| LLC-5          | 15   |                                       |                   |                                       |                                       |  |
|----------------|--|---------------------------------------|-------------------|---------------------------------------|---------------------------------------|--|
| 7. (O<br>sh    | ptional) Other provisions for the reg  | ulation of the internal a             | fairs of the Con  | pany: (if more space                  | is needed, attach additional          |  |
|                | -  |                                       | ,                 |                                       |                                       |  |
|                | 1  |                                       |                   |                                       |                                       |  |
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| _              |  | · · · · · · · · · · · · · · · · · · · |                   |                                       | · · · · · · · · · · · · · · · · · · · |  |
| 8. Th          | e.Limited Liability Company: (Check  | elther a or b below.j                 |                   |                                       | ·                                     |  |
| Θ.             | is managed by the manager(s)   | (List names and addre                 | essés.)           |                                       |                                       |  |
|                | •  |                                       |                   |                                       |                                       |  |
| <del>-</del> - | · · · · · · · · · · · · · · · · · · ·  | <del> </del>                          |                   |                                       | <u> </u>                              |  |
|                | 1 pr   | <del></del>                           |                   |                                       |                                       |  |
| _              |  | <del></del>                           |                   | · · · · · · · · · · · · · · · · · · · |                                       |  |
|                |  |                                       |                   |                                       | •                                     |  |
| b.,            | (I) has management vested in the   | member(ś) (List name                  | s and addresse    | s.)                                   | -                                     |  |
| CI             | Pl Buyer, LLC  |                                       |                   |                                       |                                       |  |
| 38             | 00 North LaSalle Street, Suite 560   |                                       |                   | **                                    |                                       |  |
|                | The state of the s |                                       | -                 |                                       |                                       |  |
| _              |  |                                       |                   |                                       |                                       |  |
|                | <u>.</u>   | _                                     |                   |                                       |                                       |  |
| l at           | ime and Address of Organizer(s);<br>iffirm, under penalties of perjury, havi<br>ige and belief, rule, correct and comi   | ,                                     | eto, that these / | Articles of Organizatio               | n are to the best of my.know-         |  |
| ni             | Sentem'  | ber 3 2014                            |                   |                                       |                                       |  |
| ña             | ited Septem<br>Month & Day   | Year                                  | <del></del> .     |                                       |                                       |  |
|                |  |                                       |                   |                                       |                                       |  |
|                | MARCH  |                                       |                   | 625 E. Bunker                         | Court                                 |  |
| ŧ              | Signatur   | re                                    | j                 | Number                                | Street:                               |  |
|                |  |                                       |                   | 3.5 T7211-                            |                                       |  |
|                | Name (type or print)   |                                       |                   | Vernon Hills                          |                                       |  |
|                |  |                                       |                   |                                       | City/Town                             |  |
|                | Organizer  |                                       |                   | IL                                    | 60061                                 |  |
|                | Name If a Corporation or other I   | Entity, and Title of Signer           |                   | State                                 | ZIP Code                              |  |
|                | ₩  |                                       | _                 |                                       |                                       |  |
| 2.,            | Signature  |                                       | 2.                | Number                                | Stroot                                |  |
|                | <b></b>  |                                       |                   |                                       |                                       |  |
|                | Name (type or print)   |                                       |                   |                                       |                                       |  |
|                | ryame (type o  | u beiui)                              |                   |                                       | City/Town                             |  |
|                |  |                                       | <u>.</u>          |                                       |                                       |  |
|                | Name if a Corporation or other i   | Entity, and Title of Signer           |                   | State                                 | ZIP Code                              |  |

Signatures must be in black link on an original document; Carbon copy, photocopy or rubber stamp signatures may only be used on conformed copies.

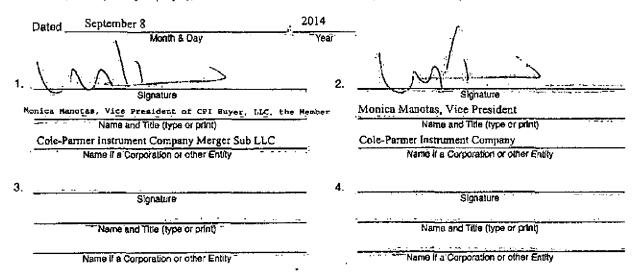
| Form LLC-37.25 May 2012 Secretary of State Department of Business Services Limited Liability Division. 501 S. Second St., Rm. 351 Springfield, IL 62756 217-524-8008 www.cyberdriveillinois.com Payment may be made by check payable to Secretary of State. If check is returned for any reason this                             | Articles of  SUBMIT IN DUI  Type or print of  (Filling Fee: \$1 C  (Filling fee \$100 plus \$  more than two)  | Ompany Act Vierger PLICATE Stearly     | FILE D  SEP 0 8 2014  JESSE WHITE  SECRETARY OF STATE             |  |
|--|--|--|---|--|
| 1. Names of Entities proposing to me Name of Entity  Cole-Parmer Instrument Company Merger Sub.LLC  Cole-Parmer Instrument Company   | Approved:  Type of Emity  (Corporation, Limited tracing Company, Limited Partnership, General Partnership or other permitted entity)  LLC  Corporation | Domestic State or Jurisdiction  IL  IL | Date of Organization<br>of Admission to<br>fillnois<br>09/03/2014 | illinois Secretary of State File Number (if any)  04824857 |
| <ol> <li>A copy of the plan as approved</li> <li>a. Name of Surviving Entity: Cole-I</li> <li>b. Address of Surviving Entity: 625</li> <li>c. File Number (if any): 015</li> <li>d. Jurisdiction: Illinois</li> <li>Effective date of merger: (check on a. ☑ the filing date, or b. □ a later date; but not more than</li> </ol> | Parmer Instrument Company ME. Bunker Court, Vernon Hill SO 4857  | derger Sub LLC.                        | SEP 0.9  DEPARTMENT BUSINESS SE                                   | , , , , , , , , , , , , , , , , , , ,                      |
| 5. If the surviyor is a Limited Liability Company, indicate changes that are necessary to its Articles of Organization as state in the plan of merger:  Article First: The name of the company is Cole-Parmer Instrument Company LLC.  |  |  |   |  |

REEL: 057577 FRAME: 0744

#### LLC-37.25

If the surviving entity is not a Limited Liability Company, the entity agrees that it may be served with process in Illinois and is subject to liability in any action or proceeding for the enforcement of any liability or obligation of a Limited Liability Company previously subject to suit in this State, which is to merge, and for the enforcement, as provided in this Act, of the right of members of any Limited Liability Company to receive payment for their interest against the surviving entity.

6. The plan of merger has been approved and each LLC or other entity that is party to this Merger has signed below and affirms, under penalty of perjury, that the facts stated herein are true, correct and complete.



If more space is needed, please attach additional sheets of this size.

Signatures must be in black ink on an original document.

Carbon copy, photocopy or rubber stamp signatures

may only be used on conformed copies.

## AGREEMENT AND PLAN OF MERGER

OF

# COLE-PARMER INSTRUMENT COMPANY (an Illinois corporation)

#### WITH AND INTO

# COLE-PARMER INSTRUMENT COMPANY MERGER SUB LLC (an Illinois limited liability company)

### September 8, 2014

This Agreement and Plan of Merger (the "Plan") is entered into by and between Cole-Parmer Instrument Company, an Illinois corporation (the "Corporation") and Cole-Parmer Instrument Company Merger Sub LLC, an Illinois limited liability company (the "Surviving Entity").

FIRST: The Corporation shall be merged with and into the Surviving Entity, and the Surviving Entity shall be the surviving entity and the name of the Surviving Entity shall be "Cole-Parmer Instrument Company LLC" (the "Merger").

**SECOND:** The Corporation is a corporation formed under the laws of the state of Illinois on June 29, 1957.

**THIRD:** The Surviving Entity is a limited liability company formed under the laws of the State of Illinois on September 3, 2014.

**FOURTH:** The Merger shall become effective immediately upon filing of the Articles of Merger with the Secretary of State of Illinois (the "Effective Time")

## FIFTH: At the Effective Time:

- (a) The Corporation shall be merged with and into the Surviving Entity, the separate existence of the Corporation will cease and the Merger will have the effects set forth in the Illinois Business Corporation Act;
- (b) Each issued and outstanding unit of membership interest, of the Surviving Entity, shall remain unaffected by the merger. Immediately following the Effective Time, all of the membership interests of the Surviving Entity will be owned by CPI Buyer, LLC, a Delaware limited liability company.

KE 33! 75225.2

(c) All shares of the Corporation's capital stock prior to the Merger shall be canceled and shall cease to exist, and no consideration shall be delivered in exchange therefor.

SIXTH: The terms and conditions of the Merger were advised, authorized and approved by the Corporation in the manner and by the vote required by the laws of the state of Illinois and the Articles of Incorporation of the Corporation, as follows:

- (a) The board of the directors of the Corporation adopted resolutions declaring that the terms and conditions of the Merger were advisable and directing that the Merger be submitted for consideration by the sole stockholder of the Corporation; and
- (b) The terms and conditions of the Merger were approved by the sole stockholder of the Corporation.

**SEVENTH:** The terms and conditions of the Merger were advised, authorized and approved by the Surviving Entity in the manner and by the vote required by the laws of the State of Illinois and the Articles of Organization of the Surviving Entity, as follows:

(a) The Managing Member of the Surviving Entity adopted resolutions approving and adopting the terms and conditions of the Merger.

**EIGHTH:** Upon the Merger, the Article First of the Articles of Organization of the Surviving Entity as in effect immediately prior to the effective time of the Merger shall be amended to read "The Name of the Company is Cole-Parmer Instrument Company LLC."

NINTH: Upon the Merger, the Limited Liability Company Operating Agreement of the Surviving Entity in effect immediately prior to the effective time of the Merger shall govern the Surviving Entity.

**TENTH:** Upon the Merger, the officers of the Surviving Entity as of immediately prior to the effective time of the Merger shall continue to serve as the officers of the Surviving Entity, until the earlier of their resignation, removal or death or until their respective successors are duly elected and qualified, as the case may be.

ELEVENTH: Each of the undersigned individuals acknowledges this Plan to be the act and deed of the respective entity on whose behalf the undersigned has signed, and further, as to all matters or facts required to be verified under oath, each of the undersigned acknowledges that, to the best of his or her knowledge, information and belief, these matters and facts relating to the entity on whose behalf the undersigned has signed are true in all material respects and that this statement is made under the penalties of perjury.

\* \* \* \* \*

IN WITNESS WHEREOF, the undersigned have executed this Plan as of the date first written above.

COLE-PARMER INSTRUMENT COMPANY

By:

Name: Monica Manotas Title: Vice President

COLE-PARMER INSTRUMENT COMPANY MERGER SUB LLC

Name: Monica Manotas

Title: Vice President of CPI Buyer, LLC, the Member

Signature Page to Agreement and Plan of Merger

Virtual Terminal

Transaction Result:

Date/Time:

Tuesday, June 21, 2016/8:59:35 AM PDT

Merchant ID: Transaction Type: 158059 CC SALE

Amount: \$ 75.00 Service Fee: \$ 1.76

Response Type:

Response Description: APPROVED

Total Amount: \$ 76.76

ATM Verify Result:

Details: Trace Number:

D5FA4ED8-791C-4D72-A9A3-33E44E7104F2

Response Code: A01 Authorization Code: 08062A

Payment Info:

**Customer Name:** 

S. Ritter

Payment Method: Last 4 digits:

Credit Card: VISA \*\*\*\*\*\*\*\*\*\*9302

File No::

04824857 \$J

Wallet ID:

Contact Info:

Company Name:

IL SOS BS LLC COPIES

**Street Name:** 

501 S SECOND ST RM 248

Street Name 2:

City:

SPRINGFIELD

State:

217-782-4696

Postal Code: Fax Number: 62756

Phone Number: **Customer Service:** 

866-290-5400

Account Holder/Authorization Signature \_

https://vt.paymentsgateway.net/AuthorizationConsent.aspx?param=conZcLLb0y/hmmBkh... 6/21/2016 RECORDED: 09/23/2021 REEL: 057577 FRAME: 0749