

## PATENT ASSIGNMENT COVER SHEET

Electronic Version v1.1  
 Stylesheet Version v1.2

EPAS ID: PAT7461714

<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>
HUBBELL LIGHTING, INC.	02/01/2022
<b>RECEIVING PARTY DATA</b>	
<b>Name:</b>	HLI SOLUTIONS, INC.
<b>Street Address:</b>	701 MILLENNIUM BLVD.
<b>City:</b>	GREENVILLE
<b>State/Country:</b>	SOUTH CAROLINA
<b>Postal Code:</b>	29607-5251
<b>PROPERTY NUMBERS Total: 1</b>	
<b>Property Type</b>	<b>Number</b>
Application Number:	17577197
<b>CORRESPONDENCE DATA</b>	
<b>Fax Number:</b>	(203)293-9176
<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>	2032208496
<b>Email:</b>	dilworthip@dilworthip.com
<b>Correspondent Name:</b>	DILWORTH IP LLC
<b>Address Line 1:</b>	470 JAMES STREET
<b>Address Line 2:</b>	SUITE 007
<b>Address Line 4:</b>	NEW HAVEN, CONNECTICUT 06513
<b>ATTORNEY DOCKET NUMBER:</b>	1541-061USCON
<b>NAME OF SUBMITTER:</b>	ANN MARIE POREMBA, PARALEGAL
<b>SIGNATURE:</b>	/Ann Marie Poremba, Paralegal/
<b>DATE SIGNED:</b>	08/01/2022
<b>Total Attachments: 2</b>	
source=1541_Change_of_Applicant_Document_Certificate_of_Amendment#page1.tif	
source=1541_Change_of_Applicant_Document_Certificate_of_Amendment#page2.tif	

PHONE: 860-509-6003 • EMAIL: [crd@ct.gov](mailto:crd@ct.gov) • WEB: [www.concord-sots.ct.gov](http://www.concord-sots.ct.gov)

- Use ink. • Print or type.
- Attach additional 8 1/2 x 11 sheets if necessary

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OFFICE USE ONLY  
(label)
☐ **3B. STATEMENT ELECTING BENEFIT CORPORATION STATUS**  
*(Must check box 3B to elect benefit corporation status)*

The corporation elects to be a Benefit Corporation. In addition to the stated purposes for which the corporation is formed, the corporation shall also have the purpose to create a general public benefit as defined in the Connecticut Benefit Corporation Act.

**NOTE:** If the Benefit Corporation adopts one or more specific public benefits in addition to the required general public benefit, check box 3A in addition to 3B, and set forth the specific public benefits in the space provided for in section 3A above.

**4. STATEMENT OF APPROVAL (required)** *(must check the box for only one statement, 4A, 4B, 4C or 4D)*

- ☒ **4A** THE AMENDMENT WAS APPROVED BY SHAREHOLDERS IN THE MANNER REQUIRED BY SECTIONS 33-600 TO 33-998 OF THE CONNECTICUT GENERAL STATUTES, AND BY THE CERTIFICATE OF INCORPORATION.
- ☐ **4B** THE AMENDMENT WAS APPROVED BY THE INCORPORATORS. NO SHAREHOLDER APPROVAL WAS REQUIRED.
- ☐ **4C** THE AMENDMENT WAS APPROVED BY THE BOARD OF DIRECTORS. NO SHAREHOLDER APPROVAL WAS REQUIRED.
- ☐ **4D** THE AMENDMENT WAS APPROVED BY A MINIMUM STATUS VOTE, AS REQUIRED BY THE CONNECTICUT BENEFIT CORPORATION ACT. SELECT D IF A MINIMUM STATUS VOTE RESULTED IN THE ELECTION OF BENEFIT CORPORATION STATUS.

**5. EXECUTION/SIGNATURE (required)** *(subject to penalty of false statement)*

DATE (mm/dd/yyyy): 02 / 01 / 2022

NAME OF SIGNATORY <i>(print or type)</i>	CAPACITY/TITLE OF SIGNATORY <i>(print or type)</i>	SIGNATURE
Inger Eckert	Vice President and Corporate Secretary	