

07-19-2000



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OPR/FINANCE

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RECORDATION FORM COVER SHEET  
TRADEMARKS ONLY

TO: The Commissioner of Patents and Trademarks: Please record the attached original document(s) or copy(ies).

Submission Type

New

Resubmission (Non-Recordation)  
Document ID #

Correction of PTO Error  
Reel #  Frame #

Corrective Document  
Reel #  Frame #

Conveyance Type

Assignment  License

Security Agreement  Nunc Pro Tunc Assignment

Merger  
Effective Date  
Month Day Year

Change of Name

Other

Conveying Party

Mark if additional names of conveying parties attached

Name

Execution Date  
Month Day Year

Formerly

Individual  General Partnership  Limited Partnership  Corporation  Association

Other

Citizenship/State of Incorporation/Organization

Receiving Party

Mark if additional names of receiving parties attached

Name

DBA/AKA/TA

Composed of

Address (line 1)

Address (line 2)

Address (line 3)   
City

State/Country

Zip Code

Individual  General Partnership  Limited Partnership  If document to be recorded is an assignment and the receiving party is not domiciled in the United States, an appointment of a domestic representative should be attached. (Designation must be a separate document from Assignment.)

Corporation  Association

Other

Citizenship/State of Incorporation/Organization

07/19/2000 ASCDTT 00000058 1624527

FOR OFFICE USE ONLY

01 FC:481 40.00 OP  
02 FC:482 75.00 OP

Public burden reporting for this collection of information is estimated to average approximately 30 minutes per Cover Sheet to be recorded, including time for gathering the data needed to complete the Cover Sheet. Send comments regarding this burden estimate to the U.S. Patent and Trademark Office, Chief of D.C. 20231 and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Paperwork Reduction Project (0651-0027), Wash. Information Collection Budget Package 0651-0027, Patent and Trademark Assignment Practice. DO NOT SEND REQUESTS TO RECORD ASSIGNMENT L ADDRESS.

Mail documents to be recorded with required cover sheet(s) information to:  
Commissioner of Patents and Trademarks, Box Assignments, Washington, D.C. 202.

TRADEMARK  
REEL: 002104 FRAME: 0876

**Domestic Representative Name and Address**

Enter for the first Receiving Party only.

Name

Address (line 1)

Address (line 2)

Address (line 3)

Address (line 4)

**Correspondent Name and Address**

Area Code and Telephone Number

Name

Address (line 1)

Address (line 2)

Address (line 3)

Address (line 4)

**Pages**

Enter the total number of pages of the attached conveyance document including any attachments.

#

**Trademark Application Number(s) or Registration Number(s)**

Mark if additional numbers attached

Enter either the Trademark Application Number or the Registration Number (DO NOT ENTER BOTH numbers for the same property).

**Trademark Application Number(s)**

**Registration Number(s)**

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="1,624,527"/>	<input type="text" value="2,127,281"/>	<input type="text" value="1,980,619"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="1,983,547"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Number of Properties**

Enter the total number of properties involved.

#

**Fee Amount**

Fee Amount for Properties Listed (37 CFR 3.41):

\$

Method of Payment:

Enclosed

Deposit Account

Deposit Account

(Enter for payment by deposit account or if additional fees can be charged to the account.)

Deposit Account Number:

#

Authorization to charge additional fees:

Yes

No

**Statement and Signature**

To the best of my knowledge and belief, the foregoing information is true and correct and any attached copy is a true copy of the original document. Charges to deposit account are authorized, as indicated herein.

Mary M. Lee

June 16, 2000

Name of Person Signing

Signature

Date Signed

OFFICE OF THE SECRETARY OF STATE



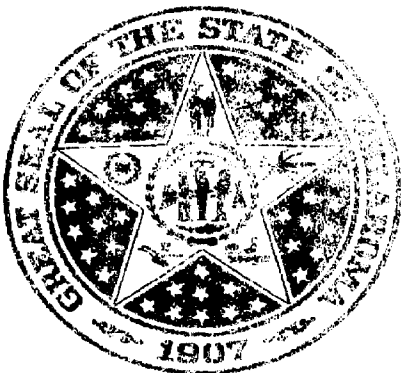
CERTIFICATE OF MERGER

WHEREAS, APR CORPORATION

a corporation organized under the laws of the State of Oklahoma, has filed in the office of the Secretary of State duly authenticated evidence of a merger whereby said corporation is the surviving corporation, as provided by the laws of the State of Oklahoma.

NOW THEREFORE, I, the undersigned Secretary of State of Oklahoma, by virtue of the powers vested in me by law, do hereby issue this Certificate evidencing such merger.

IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the Great Seal of the State of Oklahoma.



Filed in the City of Oklahoma City this 4th day of February, 1993.

By: John Kennedy  
Secretary of State

FEE: \$50.00

**CERTIFICATE  
OF  
MERGER  
OR  
CONSOLIDATION**

**FILED**

FEB 4 1993

**OKLAHOMA SECRETARY  
OF STATE  
FOR OFFICE USE ONLY**

**PLEASE PRINT CLEARLY  
FILE IN DUPLICATE**

**TO: THE OKLAHOMA SECRETARY OF STATE  
101 State Capitol  
Oklahoma City, OK 73105**

**PLEASE NOTE:** Use this form ONLY when one or more corporations, incorporated under the laws of a jurisdiction other than Oklahoma merge with one or more Oklahoma corporations and the surviving or resulting corporation is an OKLAHOMA corporation. This form MUST be filed with a letter from the Oklahoma Tax Commission stating that the franchise tax, due yearly, has been paid for the current fiscal year for each corporation involved in the merger or consolidation. **IF** the authorized capital of the surviving or resulting corporation is increased to a figure greater than the combined authorized of all corporations involved plus \$50,000.00, the filing fee shall be equal to one-tenth of one percent (1/10th of 1%) of such increase. **IF** the surviving corporation is a **NOT FOR PROFIT** corporation, the filing fee shall be \$25.00.

**A.** This merger or consolidation is being filed pursuant to Section 1082 of the Oklahoma General Corporation Act. **PLEASE CONSULT THIS ACT CAREFULLY.**

**B.** The Agreement of Merger or Consolidation, adopted, approved, certified, executed and acknowledged by each of the constituent corporations is ATTACHED HERETO. In the case of a consolidation, the certificate of incorporation of the resulting corporation shall be as is set forth in an attachment.

**OR**

**C.** In lieu of filing an executed agreement of merger or consolidation, the surviving or resulting corporation hereby states and certifies as follows:

1. The name and state of incorporation of each of the constituent corporations are:

NAME OF CORPORATION	STATE OF INCORPORATION
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APR Corporation	Oklahoma
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APR Corporation	Illinois
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2. An agreement of merger or consolidation (circle one) has been approved, adopted, certified, executed and acknowledged by each of the constituent corporations in accordance with the provisions of Section 1082 of the Oklahoma General Corporation Act. In the case of each foreign corporation, the agreement shall be adopted, approved, executed and acknowledged in accordance with the laws under which it is organized.

3. The name of the surviving or resulting corporation is:

APR Corporation

4. XX If there are no amendments, the certificate of incorporation of the surviving corporation shall be its certificate of incorporation.

**OR**

       The certificate of incorporation of the surviving corporation is amended by the terms of the agreement of merger as follows:

a. As amended, the name of the corporation is:

b. As amended, the address of the registered office in the state of Oklahoma and the name of the registered agent at such address is:

)

Name	Street Address	City	County	Zip Code
(P.O. Boxes are <b><u>NOT</u></b> acceptable.)				

c. As amended, its period of duration is: \_\_\_\_\_

d. As amended, the purpose or purposes of the corporation are:

e. As amended, the aggregate number of shares which the corporation shall have authority to issue, the designation of each class, the number of shares of each class, and the par value of the shares of each class are as follows:

<u>NUMBER OF SHARES</u>	<u>CLASS</u>	<u>PAR VALUE PER SHARE</u>
		<u>Or, if no par value, so state</u>

Common \_\_\_\_\_

Preferred \_\_\_\_\_

TOTAL NO. SHARES: \_\_\_\_\_ TOTAL AUTHORIZED CAPITAL: \$ \_\_\_\_\_

**CONTINUATION OF SOS FORM 0024  
MERGER OR CONSOLIDATION**

5. In the case of a consolidation, the certificate of incorporation of the resulting corporation shall be as is set forth in the attachment.

6. The executed agreement of merger or consolidation is on file at the principal place of business of the surviving corporation at the following address:

16 South Pennsylvania	Oklahoma City, Oklahoma	73107
Street Address	City	State Zip Code

7. A copy of the agreement of merger or consolidation will be furnished by the surviving corporation, on request and without cost, to any shareholder of any constituent corporation.

8. The authorized capital stock of each constituent corporation which is not a corporation of this state:

<u>NAME OF CORPORATION</u>	<u>NO. OF SHARES AUTHORIZED</u>	<u>PAR VALUE PER SHARE</u>
APR Corporation (Illinois Corporation)	100,000	Without par value

IN WITNESS WHEREOF, the surviving or resulting corporation has caused this certificate of merger or consolidation to be executed by its \_\_\_\_\_ President and attested by its \_\_\_\_\_ Secretary, this 18th day of November, 19 92. Assistant

X [Signature]  
By \_\_\_\_\_ President

Barry Golsen  
\_\_\_\_\_  
(Please Print Name)

ATTEST:

X [Signature]  
By \_\_\_\_\_ Asst Secretary (Assistant)

David Shear  
\_\_\_\_\_  
(Please Print Name)