



DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
12/09/2005	200534300240	MERGER/DOMESTIC (MER)	125.00	100.00	.00	.00	.00

Receipt

This is not a bill. Please do not remit payment.

CORPORATION SERVICE COMPANY
 ATTN: LISA VAIDO
 887 SOUTH HIGH STREET
 COLUMBUS, OH 43206

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, J. Kenneth Blackwell

12785

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

JOHNSONITE INC

and, that said business records show the filing and recording of:

Document(s)	Document No(s):
MERGER/DOMESTIC	200534300240



United States of America
 State of Ohio
 Office of the Secretary of State

Witness my hand and the seal of
 the Secretary of State at Columbus,
 Ohio this 8th day of December,
 A.D. 2005.

J. Kenneth Blackwell
 Ohio Secretary of State

DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	GERT	COPY
12/05/2005	200534300240	MERGED OUT OF EXISTENCE (MEX)	.00	.00	.00	.00	.00

Receipt

This is not a bill. Please do not remit payment.

CORPORATION SERVICE COMPANY
 ATTN: LISA VAIDO
 887 SOUTH HIGH STREET
 COLUMBUS, OH 43206

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, J. Kenneth Blackwell

1582668

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

TARKETT ACQUISITION CORPORATION

and, that said business records show the filing and recording of:

Document(s)

MERGED OUT OF EXISTENCE

Document No(s):

200534300240

United States of America
 State of Ohio
 Office of the Secretary of State

Witness my hand and the seal of
 the Secretary of State at Columbus,
 Ohio this 8th day of December,
 A.D. 2005.

J. Kenneth Blackwell
 Ohio Secretary of State

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Prescribed by J. Kenneth Blackwell
Ohio Secretary of State
Central Ohio: (614) 466-3910
Toll Free: 1-877-SOS-FILE (1-877-767-3453)

Exempt: this Form is void	
<input checked="" type="checkbox"/> Yes	PO Box 1390 Columbus, OH 43216 Excluded by statutory law of 2002
<input type="checkbox"/> No	PO Box 1528 Columbus, OH 48218

www.state.oh.us/sos
e-mail: suser@www.state.oh.us

CERTIFICATE OF MERGER
(For Domestic or Foreign, Profit or Non-Profit)
Filing Fee \$125.00
~~(200-2002)~~

In accordance with the requirements of Ohio law, the undersigned corporations, banks, savings banks, savings and loan, limited liability companies, limited partnerships and/or partnerships with limited liability, desiring to effect a merger, set forth the following facts:

I. SURVIVING ENTITY

A. The name of the entity surviving the merger is:

DURAMAK INC

B. Name Change: As a result of this merger, the name of the surviving entity has been changed to the following:

ROBINSONITE INC

(Complete only if name of surviving entity is changing through the merger)

C. The surviving entity is a: (Please check the appropriate box and fill in the appropriate blanks)

- Domestic (Ohio) For-Profit Corporation, charter number 22785
- Domestic (Ohio) Non-Profit Corporation, charter number _____
- Foreign (Non-Ohio) Corporation incorporated under the laws of the state/country of _____ and licensed to transact business in the State of Ohio under license number _____
- Foreign (Non-Ohio) Corporation incorporated under the laws of the state/country of _____ and NOT licensed to transact business in the state of Ohio.
- Domestic (Ohio) Limited Liability Company, with registration number _____
- Foreign (Non-Ohio) Limited Liability Company organized under the laws of the state/country of _____ and registered to do business in the State of Ohio under registration number _____
- Foreign (Non-Ohio) Limited Liability Company organized under the laws of the state/country of _____ and NOT registered to do business in the State of Ohio.
- Domestic (Ohio) Limited Partnership, with registration number _____
- Foreign (Non-Ohio) Limited Partnership organized under the laws of the state/country of _____ and registered to do business in the state of Ohio under registration number _____

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- Foreign (Non-Ohio) Limited Partnership organized under the laws of the state/country of _____ and NOT registered to do business in the state of Ohio.
- Domestic (Ohio) Partnership having limited liability, with the registration number _____
- Foreign (Non-Ohio) Partnership having limited liability organized under the laws of the state/country of _____ and registered to do business in the state of Ohio under registration number: _____
- Foreign (Non-Ohio) Non-Profit Incorporation under the laws of the state/country of _____ and licensed to transact business in the state of Ohio under license number: _____
- Foreign (Non-Ohio) Non-Profit Incorporation under the laws of the state/country of _____ and not licensed to transact business in the state of Ohio.
- General partnership not registered with the state of Ohio

II. MERGING ENTITY

The name, charter/license/registration number, type of entity, state/country of incorporation or organization, respectively, of which is the entities merging out of existence are as follows: (if this is insufficient space to reflect all merging entities, please attach a separate sheet listing the merging entities)

Name / charter, license or registration number	State/Country of Organization	Type of Entity
TARKETT ACQUISITION CORPORATION 1582568	OH	FOR PROFIT

III. MERGER AGREEMENT ON FILE

The name and mailing address of the person or entity from whom/which eligible persons may obtain a copy of the agreement of merger upon written request:

<u>SOURA AZAR</u> <small>(name)</small>	<u>1601 YAMASKA EAST ST</u> <small>(street)</small>	<u>NOTE: P.O. Box Addresses are NOT acceptable.</u>
<u>FAIRHAM</u> <small>(city, village or township)</small>	<u>QUEBEC</u> <small>(state)</small>	<u>J2N 1J7</u> <small>(zip code)</small>

IV. EFFECTIVE DATE OF MERGER

This merger is to be effective on: 12/08/2005 (if a date is specified, the date must be a date on or after the date of filing; the effective date of the merger cannot be earlier than the date of filing; if no date is specified, the date of filing will be the effective date of the merger).

V. MERGER AUTHORIZED

The laws of the state or country under which each constituent entity exists, permits this merger. This merger was adopted, approved, and authorized by each of the constituent entities in compliance with the laws of the state under which it is organized, and the persons signing this certificate on behalf of each of the constituent entities are duly authorized to do so.

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VI. STATUTORY AGENT

The name and address of the surviving entity's statutory agent upon whom any process, notice or demand may be served is:

(name) _____ (state) NOTE: P.O. Box Addresses are NOT acceptable. _____, Ohio (city, village or township) _____ (zip code)

[This form MUST be completed if the surviving entity is a foreign entity which is not licensed, registered or otherwise authorized to conduct business in the state of Ohio.]

VII. ACCEPTANCE OF AGENT

The undersigned, named herein as the statutory agent for the above referenced surviving entity, hereby acknowledges and accepts the appointment of statutory agent for said entity.

Signature of Agent _____

(The acceptance of agent must be completed by the surviving entity if through this merger the statutory agent has changed, or the named agent differs in any way from the name currently on record with the Secretary of State.)

VIII. STATEMENT OF MERGER

Upon filing, or upon such later date as specified herein, the merging entity/entities listed herein shall merge into the listed surviving entity.

IX. AMENDMENTS

The articles of incorporation, articles of organization, certificate of limited partnership or registration of partnership having limited liability (circle appropriate term) of the surviving domestic entity have been amended.

Attachments are provided No Changes

X. QUALIFICATION OR LICENSURE OF FOREIGN SURVIVING ENTITY

A. The listed surviving foreign corporation, bank, savings bank, savings and loan, limited liability company, limited partnership, or partnership having limited liability desires to transact business in Ohio as a foreign corporation, bank, savings bank, savings and loan, limited liability company, limited partnership, or partnership having limited liability, and hereby appoints the following as its statutory agent upon whom process, notice or demand against the entity may be served in the state of Ohio. The name and complete address of the statutory agent is:

(name) _____ (state) NOTE: P.O. Box Addresses are NOT acceptable. _____, Ohio (city, village or township) _____ (zip code)

The subject surviving foreign corporation, bank, savings bank, savings and loan, limited liability company, limited partnership, or partnership having limited liability irrevocably consents to service of process on the statutory agent listed above as long as the authority of the agent continues, and to service of process upon the Secretary of State of Ohio if the agent cannot be found, if the corporation, bank, savings bank, savings and loan, limited liability company, limited partnership, or partnership having limited liability fails to designate another agent when required to do so, or if the foreign corporation, bank, savings bank, savings and loan, limited liability company's, limited partnership's or partnership having limited liability's license or registration to do business in Ohio expires or is cancelled.

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The undersigned covenantor/warrantor has caused this certificate of transfer to be signed by its duly authorized officer, partner, or representative on the date(s) stated below.

<u>TARKETT ACQUISITION CORPORATION</u> (Exact name of entity)	<u>HYRAMIX INC</u> (Exact name of entity)
By: <u>J. J. [Signature]</u>	By: <u>[Signature]</u>
Title: <u>President/ Treasurer</u>	Title: <u>VP ECF</u>
Date: <u>12/06/2005</u>	Date: <u>12/06/2005</u>

_____ (Exact name of entity)	_____ (Exact name of entity)
By: _____	By: _____
Title: _____	Title: _____
Date: _____	Date: _____

_____ (Exact name of entity)	_____ (Exact name of entity)
By: _____	By: _____
Title: _____	Title: _____
Date: _____	Date: _____

_____ (Exact name of entity)	_____ (Exact name of entity)
By: _____	By: _____
Title: _____	Title: _____
Date: _____	Date: _____

_____ (Exact name of entity)	_____ (Exact name of entity)
By: _____	By: _____
Title: _____	Title: _____
Date: _____	Date: _____

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Prescribed by **J. Kenneth Blackwell**

Ohio Secretary of State
Columbus, Ohio (614) 466-3910
Toll Free: 1-877-5OS-FILES (1-877-767-3453)

www.state.oh.us/sos
e-mail: busser/v@sos.state.oh.us

Expedite this Form (Selected)	
<input checked="" type="radio"/> Yes	PO Box 1390 Columbus, OH 43218 <small>Registration additional fee of \$100</small>
<input type="radio"/> No	PO Box 1028 Columbus, OH 43218

**Certificate of Amendment by
Shareholders or Members
(Domestic)
Filing Fee \$60.00**

(CHECK ONLY ONE (1) BOX)

<input type="checkbox"/> (1) Domestic for Profit Amended (125-AMAP)	<input checked="" type="checkbox"/> Amendment (125-AMDE)	<input type="checkbox"/> (2) Domestic Non-Profit Amended (125-AMAN)	<input type="checkbox"/> Amendment (125-AMC)
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Complete the general information in this section for the box checked above.

Name of Corporation: JOHNSONITE INC

Charter Number: 12785

Name of Officer: SOBER AZAR

Title: ASSISTANT SECRETARY

Please check if additional provisions attached.

The above named Ohio corporation, does hereby certify that:

A meeting of the shareholders directors (non-profit amended articles only)

members was duly called and held on _____ (Date)

at which meeting a quorum was present in person or by proxy, based upon the quorum present, an affirmative vote was cast which entitled them to exercise _____ % of the voting power of the corporation.

in a writing signed by all of the shareholders directors (non-profit amended articles only)

members who would be entitled to the notice of a meeting or such other preparation not less than a majority as the articles of regulations or bylaws permit.

Clause applies if amended box is checked.

Resolved, that the following amended articles of incorporation be and the same are hereby adopted to supersede and take the place of the existing articles of incorporation and all amendments thereto.

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All of the following information must be completed if an amended box is checked. If an amendment box is checked, complete the areas that apply.

FIRST: The name of the corporation is: _____

SECOND: The place in the State of Ohio where its principal office is located is in the City of: _____
(city, village or township) (county)

THIRD: The purposes of the corporation are as follows:

FOURTH: The number of shares which the corporation is authorized to have outstanding is: 2500 common No. value
(Does not apply to box (2))

REQUIRED
 Must be authenticated
 (signed) by an authorized
 representative
 (See instructions)



 Authorized Representative
 SOUTH A&A
 (Print Name)

12/08/2005

 Date

 Authorized Representative
 (Print Name)

 Date