

## TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1  
Stylesheet Version v1.2

ETAS ID: TM477442

<b>SUBMISSION TYPE:</b>	NEW ASSIGNMENT		
<b>NATURE OF CONVEYANCE:</b>	ENTITY CONVERSION		
<b>CONVEYING PARTY DATA</b>			
<b>Name</b>	<b>Formerly</b>	<b>Execution Date</b>	<b>Entity Type</b>
Transtar Autobody Technologies, Inc.		12/30/2017	Corporation: OHIO
<b>RECEIVING PARTY DATA</b>			
<b>Name:</b>	Transtar Autobody Technologies LLC		
<b>Street Address:</b>	50 West Broad Street, Suite 1800		
<b>City:</b>	Columbus		
<b>State/Country:</b>	OHIO		
<b>Postal Code:</b>	43215		
<b>Entity Type:</b>	Limited Liability Company: OHIO		
<b>PROPERTY NUMBERS Total: 10</b>			
<b>Property Type</b>	<b>Number</b>	<b>Word Mark</b>	
<b>Registration Number:</b>	1931852	BODY-TEC	
<b>Registration Number:</b>	1640116	BOND-TEC	
<b>Registration Number:</b>	3025477	EURO CLASSIC	
<b>Registration Number:</b>	3025476	EURO KWIK	
<b>Registration Number:</b>	3379320	EURO ULTRAV	
<b>Registration Number:</b>	1917076	FINISH TEC	
<b>Registration Number:</b>	1884484	HYDROBASE	
<b>Registration Number:</b>	1890743	HYDROFLEX	
<b>Registration Number:</b>	3147099	TRUE FINISH	
<b>Registration Number:</b>	1997058	ULTRA FLEX	
<b>CORRESPONDENCE DATA</b>			
<b>Fax Number:</b>	2166214072		
<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>	216-621-2234		
<b>Email:</b>	gpinchak@tarolli.com		
<b>Correspondent Name:</b>	George L. Pinchak		
<b>Address Line 1:</b>	1300 East 9th Street, Suite 1700		
<b>Address Line 2:</b>	Tarolli, Sundheim, Covell & Tummino LLP		

CH \$265.00 1931852

**Address Line 4:** Cleveland, OHIO 44114-1501

**NAME OF SUBMITTER:** Joseph Levanduski

**SIGNATURE:** /Joseph Levanduski/

**DATE SIGNED:** 06/11/2018

**Total Attachments: 10**

source=Transtar Autobody Technologies - conversion certificate#page1.tif  
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source=Transtar Autobody Technologies - conversion certificate#page10.tif



DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	CERT	COPY
12/21/2017	201735500718	Conversion Within SOS Records (CVS)	99.00	200.00	0.00	0.00

**Receipt**

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

VORYS, SATER, SEYMOUR AND PEASE LLP  
 ATTN: TED B. HIPSHER  
 52 EAST GAY STREET  
 COLUMBUS, OH 43215

**STATE OF OHIO  
 CERTIFICATE**

**Ohio Secretary of State, Jon Husted  
 955766**

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

**TRANSTAR AUTOBODY TECHNOLOGIES LLC**

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

Document(s)

**Conversion Within SOS Records**

Effective Date: 12/30/2017

CHANGE BUSINESS TYPE DOM. PROFIT LIM. LIAB. CO.

Document No(s):

**201735500718**



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  
 21st day of December, A.D. 2017.

*Jon Husted*  
 Ohio Secretary of State



Form 700 Prescribed by:

**JON HUSTED**  
OHIO SECRETARY OF STATE

Toll Free: (877) SOS-FILE (877-767-3453)  
Central Ohio: (614) 466-3910  
[www.OhioSecretaryofState.gov](http://www.OhioSecretaryofState.gov)  
[busserv@OhioSecretaryofState.gov](mailto:busserv@OhioSecretaryofState.gov)

File online or for more information: [www.OHBusinessCentral.com](http://www.OHBusinessCentral.com)

Mail this form to one of the following:

Regular Filing (non expedite)  
P.O. Box 1329  
Columbus, OH 43216

Expedite Filing (Two business day processing time.  
Requires an additional \$100.00)

P.O. Box 1390  
Columbus, OH 43216

## Certificate for Conversion for Entities Converting Within or Off the Records of the Ohio Secretary of State

Filing Fee: \$99  
Form Must Be Typed

(CHECK ONLY ONE (1) BOX)

(1)  Converting Within The Records of the Ohio  
Secretary of State

(2)  Converting Off The Records of the Ohio  
Secretary of State

(187-VXX)

Name of the converting entity

Transtar Autobody Technologies, Inc.

Jurisdiction of Formation

Ohio

Charter/Registration Number

955766

The converting entity is a:  
(Check Only (1) One Box)

- Domestic Corporation (For-Profit or Nonprofit)
- Foreign Corporation (For-Profit or Nonprofit)
- Domestic Nonprofit Limited Liability Company
- Foreign Nonprofit Limited Liability Company
- Domestic For-Profit Limited Liability Company
- Foreign For-Profit Limited Liability Company

- Partnership
- Domestic Limited Partnership
- Foreign Limited Partnership
- Domestic Limited Liability Partnership
- Foreign Limited Liability Partnership

The converting entity hereby states that it has complied with all laws in the jurisdiction under which it exists and that those laws permit the conversion.

RECEIVED  
2017 FEB 20 PM 3:58  
CLERK OF PUBLIC SAFETY

Name of the converted entity

Transtar Autobody Technologies LLC

Jurisdiction of Formation

Ohio

The converted entity is a:

(Check Only (1) One Box)

Domestic Corporation (For-Profit)

Partnership

Foreign Corporation (For-Profit or Nonprofit)

Domestic Limited Partnership

Domestic Nonprofit Limited Liability Company

Foreign Limited Partnership

Foreign Nonprofit Limited Liability Company

Domestic Limited Liability Partnership

Domestic For-Profit Limited Liability Company

Foreign Limited Liability Partnership

Foreign For-Profit Limited Liability Company

Effective Date  
(Optional)

12/30/2017

(The conversion is effective upon the filing of this certificate or on a later date specified in the certificate)

[For accounting purposes the conversion shall be effective at 11:59 p.m. on 12/30/2017]

Name and address of the person or entity that will provide a copy of the declaration of conversion upon written request.

Paul Hido

Name

7350 Young Drive

Mailing Address

Walton Hills

City

Ohio

State

44146

Zip Code

**Required information that must accompany conversion certificate if box 2 is checked**

If the converting entity is a domestic or foreign entity that will not be licensed in Ohio, provide the name and address of the statutory agent upon whom any process, notice or demand may be served.

Name of Statutory Agent

Mailing Address

City

Ohio

State

Zip Code

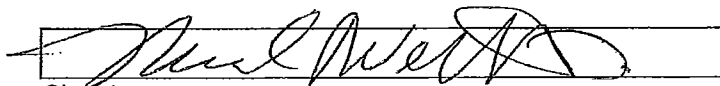
See instructions for additional filing requirements if

- (1) the conversion creates a new domestic entity,
- (2) the converted entity is a foreign entity that desires to transact business in Ohio; or
- (3) if a domestic corporation or foreign corporation licensed in Ohio is the converting entity.

IN WITNESS WHEREOF, the conversion is authorized on behalf of the converting entity and that each person signing the certificate of conversion is authorized to do so.

**Required**

Must be signed by an authorized representative.

  
Signature

By (if applicable)

Mike Westrick  
Print Name President

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name

Complete the information in this section.

**AFFIDAVIT**

In lieu of dissolution releases from various governmental authorities.

Transtar Autobody Technologies, Inc.

Name of Corporation

The undersigned, being first duly sworn, declares that on the dates indicated below, each of the named state governmental agencies was advised IN WRITING of the scheduled date of filing of the Certificate and was advised IN WRITING of the acknowledgement by the corporation of the applicability of the provisions of section 1701.95 of the ORC.

Agency	Date Notified	Agency	Date Notified
Ohio Bureau of Workers' Compensation 30 W. Spring Street Columbus, Ohio 43215	12/20/2017	Ohio Job & Family Services Status and Liability Section Data Correspondence Control Fax: 614-752-4811 Phone: 614-466-2319 Overnight: P.O. Box 182413 Columbus, OH 43218-2413	12/20/2017
*Only required for domestic for-profit corporations		Regular: P.O. Box 182413 Columbus, OH 43218-2413	
Ohio Department of Taxation Taxpayer Services Division/Tax Release Unit PO Box 182382 Columbus, OH 43218-2382 Dissolution@tax.state.oh.us	11/28/2017	The corporation is not required to pay or the <input checked="" type="checkbox"/> department of taxation has not assessed any personal property tax.	
*Complete this date notified field only if the corporation is a domestic non-profit corporation or foreign corporation. [see* note below]			

\*Note: Domestic for-profit corporations must submit with this filing a Certificate of Tax Clearance issued by the Ohio Department of Taxation.

Note: This affidavit must be signed by one or more persons executing the certificate or by an officer of the corporation.


Signature  Title President

Mike Westrick  
Name

7350 Young Drive  
Mailing Address

Walton Hills City Ohio State 44146 Zip Code

Sworn to and subscribed in my presence on 12/20/2017 Date

Seal  Notary Public

Commission Expires 7-11-2021 Date

AFFIDAVIT OF PERSONAL PROPERTY

State of

County of

Name of Officer

Title of Officer


of

Name of Corporation

and that this affidavit is made in compliance with Section  of the Ohio Revised Code.

That above-named corporation: (Check one (1) of the following)

- Has no personal property in any county in Ohio
- Is the type required to pay personal property taxes to state authorities only
- Has personal property in the following county (ies)

Signature: 

Mike Westrick

Title:

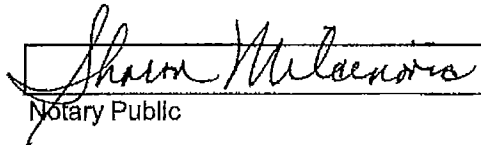
Sworn to and subscribed in my presence on Date



SHARON MILCINOVIC

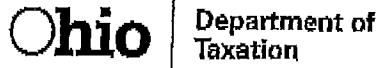
NOTARY PUBLIC  
STATE OF OHIO

My Commission Expires  
July 11, 2021



Expiration date of Notary Public's Commission Date





PO Box 182382  
Columbus, OH 43218-2382  
tax.ohio.gov

TED B HIPSHER  
VORYS SATER SEYMOUR AND PEASE LLP  
52 EAST GAY ST  
COLUMBUS, OH 43215  
USA

December 06, 2017  
Contact ID: 7244000368

RE: Certificate of Tax Clearance  
Entity Name: Transtar Autobody Technologies, Inc.  
Ohio Charter # 00955766  
Certificate Issue Date: 12/05/2017

This certificate confirms the above-referenced entity filed all tax returns and paid in full all taxes and fees administered by the Tax Commissioner through the certificate issue date referred to above.

This certificate does not preclude the Department from issuing a bill and/or assessment against the entity for any tax returns and/or tax liabilities and fees that become due after the certificate issue date. Also, this certificate does not preclude the Department from conducting an examination or audit for any period ending prior to the date this certificate is filed with the Ohio Secretary of State.

This Certificate of Tax Clearance is valid for thirty (30) days from the certificate issue date and must be filed along with all forms prescribed by the Ohio Secretary of State.



Joseph W. Testa  
Tax Commissioner

If you have any questions, please contact us.

Tax Release Unit  
Phone: 1-888-405-4039  
Fax: 1-206-984-0378  
TTY/TDD: 1-800-750-0750



Form 533A Prescribed by:  
**JON HUSTED**  
 OHIO SECRETARY OF STATE  
 Toll Free: (877) SOS-FILE (877-767-3453)  
 Central Ohio: (614) 466-3910  
 www.OhioSecretaryofState.gov  
 busserv@OhioSecretaryofState.gov  
 File online or for more information: www.OHBusinessCentral.com

**Mail this form to one of the following:**  
 Regular Filing (non expedite)  
 P.O. Box 670  
 Columbus, OH 43216  
 Expedite Filing (Two business day processing time.  
 Requires an additional \$100.00)  
 P.O. Box 1390  
 Columbus, OH 43216

## Articles of Organization for a Domestic Limited Liability Company

**Filing Fee: \$99**  
**Form Must Be Typed**

CHECK ONLY ONE (1) BOX

(1)  Articles of Organization for Domestic For-Profit Limited Liability Company (115-LCA)

(2)  Articles of Organization for Domestic Nonprofit Limited Liability Company (115-LCA)

Name of Limited Liability Company **Transtar Autobody Technologies LLC**

Name must include one of the following words or abbreviations: "limited liability company," "limited," "LLC," "L.L.C.," "Ltd.," or "Ltd"

Effective Date (Optional) **12/30/2017** (The legal existence of the limited liability company begins upon the filing of the articles or on a later date specified that is not more than ninety days after filing)  
 mm/dd/yyyy

This limited liability company shall exist for (Optional) **perpetual** Period of Existence

Purpose (Optional)

FILED  
 2017 DEC 20 PM 6:58  
 OHIO SECRETARY OF STATE

**\*\*Note for Nonprofit LLCs**

The Secretary of State does not grant tax exempt status. Filing with our office is not sufficient to obtain state or federal tax exemptions. Contact the Ohio Department of Taxation and the Internal Revenue Service to ensure that the nonprofit limited liability company secures the proper state and federal tax exemptions. These agencies may require that a purpose clause be provided.

## ORIGINAL APPOINTMENT OF AGENT

The undersigned authorized member(s), manager(s) or representative(s) of

**Transtar Autobody Technologies LLC**

Name of Limited Liability Company

hereby appoint the following to be Statutory Agent upon whom any process, notice or demand required or permitted by statute to be served upon the limited liability company may be served. The name and address of the agent is

CSC-Lawyers Incorporating Service

Name of Agent

50 West Broad Street, Suite 1800

Mailing Address

Columbus

City

Ohio

State

43215

ZIP Code

## ACCEPTANCE OF APPOINTMENT

The undersigned, **CSC-Lawyers Incorporating Service** named herein as the statutory agent  
Statutory Agent Name

for **Transtar Autobody Technologies LLC**  
Name of Limited Liability Company

hereby acknowledges and accepts the appointment of agent for said limited liability company

Statutory Agent Signature

*Holly Jones*

**Holly Jones**  
**Assistant Vice President**

Individual Agent's Signature / Signature on Behalf of Business Serving as Agent

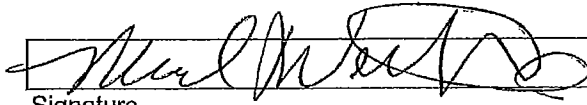
By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

**Required**

Articles and original appointment of agent must be signed by a member, manager or other representative.

If authorized representative is an individual, then they must sign in the "signature" box and print their name in the "Print Name" box.

If authorized representative is a business entity, not an individual, then please print the business name in the "signature" box, an authorized representative of the business entity must sign in the "By" box and print their name in the "Print Name" box.

  
Signature

By (if applicable)

Mike Westrick  
Print Name Authorized Representative

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name