

05-28-2002

D



102103825
TRADEMARKS ONLY

U.S. DEPARTMENT OF COMMERCE
U.S. Patent and Trademark Office

05-09-2002

5/31/2002)

U.S. Patent & TMO/TM Mail Rcpt Dt. #71

Commissioner of Patents and Trademarks: Please record the attached original documents or copy thereof.

<p>1. Name of conveying party(ies): Pharmacia & Upjohn Aktiebolag <u>5-9-02</u></p> <p><input type="checkbox"/> Individual(s) <input type="checkbox"/> Association <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership <input checked="" type="checkbox"/> Corporation-State SWEDEN <input type="checkbox"/> Other _____</p> <p>Additional name(s) of conveying party(ies) attached? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>2. Name and address of receiving party(ies) Name: <u>Pharmacia Aktiebolag</u> Internal _____ Address: _____</p> <p>Street Address: <u>Lindhagensgatan 126</u> City: <u>Stockholm</u> State <u>Sweden</u> Zip: <u>SE 11287</u></p> <p><input type="checkbox"/> Individual(s) citizenship _____ <input type="checkbox"/> Association _____ <input type="checkbox"/> General Partnership _____ <input type="checkbox"/> Limited Partnership _____ <input checked="" type="checkbox"/> Corporation-State SWEDEN <input type="checkbox"/> Other _____</p> <p>If assignee is not domiciled in the United States, a domestic representative designation is attached: <input type="checkbox"/> Yes <input type="checkbox"/> No <u>See attached</u> Additional name(s) & address(es) attached? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>3. Nature of conveyance:</p> <p><input type="checkbox"/> Assignment <input type="checkbox"/> Merger <input type="checkbox"/> Security Agreement <input checked="" type="checkbox"/> Change of Name <input type="checkbox"/> Other _____</p> <p>Execution Date: <u>July 1, 1996</u></p>	<p>4. Application number(s) or registration number(s):</p> <p>A. Trademark Application No.(s) _____</p> <p>B. Trademark Registration No.(s) <u>1,201.730</u></p> <p>Additional number(s) attached <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>5. Name and address of party to whom correspondence concerning document should be mailed:</p> <p>Name: <u>Cynthia B. Summerfield</u> Internal Address: <u>Pharmacia Corporation</u> <u>05/28/2002 GTON11 00000111 500400 1201730</u> <u>01 481 40.00 CH</u> Street Address: <u>100 Route 206 North</u> City: <u>Peapack</u> State: <u>NJ</u> Zip: <u>07977</u></p>	<p>6. Total number of applications and registrations involved: <u>1</u></p> <p>7. Total fee (37 CFR 3.41).....\$ <u>40.00</u></p> <p><input type="checkbox"/> Enclosed <input checked="" type="checkbox"/> Authorized to be charged to deposit account</p> <p>8. Deposit account number: <u>500400</u></p> <p>(Attach duplicate copy of this page if paying by deposit account)</p>
DO NOT USE THIS SPACE	
<p>9. Statement and signature. <i>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.</i></p> <p><u>Cynthia B. Summerfield</u> Name of Person Signing</p> <p><u></u> Signature</p> <p><u>5/9/2002</u> Date</p> <p>Total number of pages including cover sheet, attachments, and document: <u>6</u></p>	

Mail documents to be recorded with required cover sheet information to:
Commissioner of Patent & Trademarks, Box Assignments
Washington, D.C. 20231

TRADEMARK
REEL: 002514 FRAME: 0104

Handwritten mark

Registration number: 556131-9608
Date of registration: 30th December, 1969
Company name: Pharmacia Aktiebolag
Address: 112 87 STOCKHOLM

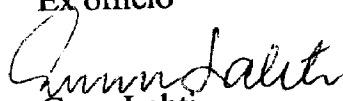


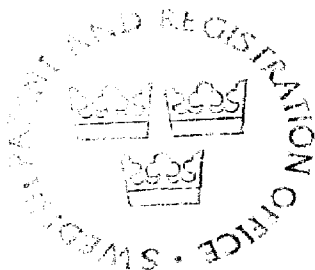
I hereby certify that the records kept by this office, the Companies Department of the Patent and Registration Office, Sweden, show the following changes in the name of the above company from 1st July, 1996, and onwards:

<u>Date of registration</u>	<u>Company name</u>
1996-07-01	Pharmacia & Upjohn Aktiebolag
2000-09-28	Pharmacia Aktiebolag

the latter being the present name of the company.

Sundsvall, 17th October, 2000
Ex officio


Gunn Lahti

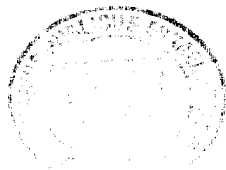


A true copy of the original

presented to me

on 27 November 2001


Notary Public



Bolagsavdelningen

851 81 Sundsvall

Besöksadress
Bachusparken

Postgiro 95 06 08 - 0
Bankgiro 5050 - 0255

Telefon 060 - 18 40 00
Telefax 060 - 12 64 77