

Form PTO-1594 (Rev. 03/01)

RECORDATION FORM COVER SHEET

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

OMB No. 0651-0027 (exp. 5/31/2002) Our Ref.: T4052 US

TRADEMARK ONLY

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

1. Name of conveying party(ies): Medtronic Xomed Surgical Products, Inc.
[ ] Individual(s) [ ] Association
[ ] General Partnership [ ] Limited Partnership
[X] Corporation - State Delaware
[ ] Other

2. Name and address of receiving party(ies): Medtronic Xomed, Inc. 6743 Southpoint Drive Jacksonville, Florida 32216
[ ] Individual(s) citizenship
[ ] Association
[ ] General Partnership
[ ] Limited Partnership
[X] Corporation - State Delaware
[ ] Other

Additional name(s) of conveying party(ies) attached? [ ] Yes [X] No

3. Nature of conveyance:
[ ] Assignment [ ] Merger
[ ] Security Agreement [X] Change of Name
[ ] Other

Execution Date: December 29, 2000

If assigned is not domiciled in the United States, a domestic representative designations attached: [ ] Yes [ ] No
(Designations must be a separate document from assignment)
Additional name(s) & address(es) attached? [ ] Yes [ ] No

4. Application number(s) or registration number(s)
A. Trademark Application No(s).

B. Trademark Registration Numbers(s)
1218276 JUHN TYM-TAP

Additional number(s) attached [ ] Yes [X] No

5. Name and address of party to whom correspondence concerning document should be mailed:
Cindy Evenson
Medtronic, Inc.
M.S. LC340
710 Medtronic Parkway
Minneapolis, MN 55432-5604

6. Total number of applications and registrations involved: 1
7. Total fee (37 CFR 3.41) \$40
[ ] Enclosed
[X] Authorized to be charged to deposit account
8. Deposit account number: 13-2546
(Attach duplicate copy of this page if paying by deposit account)

DO NOT USE THIS SPACE

9. 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.

Cindy L. Evenson
Name of Person Signing

[Signature]
Signature

9/26/02
Date

Total number of pages including cover sheet, attachments, and document: 4

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

State of Delaware  
Office of the Secretary of State PAGE 1

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF OWNERSHIP, WHICH MERGES: "MEROCEL CORPORATION", A DELAWARE CORPORATION, WITH AND INTO "MEDTRONIC XOMED SURGICAL PRODUCTS, INC." UNDER THE NAME OF "MEDTRONIC XOMED, INC.", A CORPORATION ORGANIZED AND EXISTING UNDER THE LAWS OF THE STATE OF DELAWARE, AS RECEIVED AND FILED IN THIS OFFICE THE TWENTY-NINTH DAY OF DECEMBER, A.D. 2000, AT 1:02 O'CLOCK P.M.

5

AND I DO HEREBY FURTHER CERTIFY THAT THE EFFECTIVE DATE OF THE AFORESAID CERTIFICATE OF OWNERSHIP IS THE FIRST DAY OF JANUARY, A.D. 2001.

A FILED COPY OF THIS CERTIFICATE HAS BEEN FORWARDED TO THE NEW CASTLE COUNTY RECORDER OF DEEDS.

Doc# 2001007598  
Book: 9850  
Pages: 2136 - 2140  
Filed & Recorded  
01/10/2001 10:19:14 AM  
JIM FULLER  
CLERK CIRCUIT COURT  
DUVAL COUNTY  
TRUST FUND \$ 3.00  
RECORDING \$ 21.00

Record and Return To:  
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2 North Laura Street, suite 2750  
Jacksonville, FL 32202



Harriet Smith Windsor  
Secretary of State

2391243 8100M  
001657975

AUTHENTICATION: 0892012

DATE: 01-03-01

TRADEMARK  
REEL: 002552 FRAME: 0495

**CERTIFICATE OF OWNERSHIP AND MERGER****OF****MEROCEL CORPORATION****INTO****MEDTRONIC XOMED SURGICAL PRODUCTS, INC.**

Pursuant to Section 253, Chapter 8 of the Delaware Code, the following Certificate of Ownership and Merger is adopted by and between Medtronic Xomed Surgical Products, Inc., a Delaware corporation ("Surviving Corporation") and Meroceel Corporation, a Delaware corporation ("Target"):

1. The name of the parent corporation is Medtronic Xomed Surgical Products, Inc., a Delaware corporation.
2. The name of the subsidiary corporation is Meroceel Corporation, a Delaware corporation.
3. Target shall be merged with and into the Surviving Corporation pursuant to the Agreement and Plan of Merger (the "Plan of Merger") approved by and adopted between Surviving Corporation and Target.
4. The effective date of the merger shall be January 1, 2001, upon filing of this Certificate of Merger in the Division of Corporations of the Department of State, State of Delaware (the "Effective Date").
5. The Certificate of Incorporation of the Surviving Corporation as in effect immediately prior to the Effective Date shall be the Certificate of Incorporation of the Surviving Corporation, subject to the Amendment that will change the Surviving Corporation's name as set forth in Item 8 of this Certificate of Ownership and Merger.
6. The Plan of Merger was adopted, approved, certified, executed and acknowledged by the Surviving Corporation in accordance with Section 253 of the Delaware Code. The Plan of Merger was duly adopted and approved by the directors of the Surviving Corporation on December 15, 2000. A copy of the directors' consent of the Surviving Corporation is attached hereto as Exhibit A and is incorporated herein by reference.
7. The Plan of Merger is on file at the office of the Surviving Corporation at the principal office address of 6743 Southpoint Drive North, Jacksonville, Florida 32216. The Plan of Merger will be provided to each constituent corporation.
8. The name of the Surviving Corporation after the Merger shall be changed to Medtronic Xomed, Inc.

MG-92663.01

STATE OF DELAWARE  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
FILED 01:02 PM 12/29/2000  
001657975 - 2391243

**TRADEMARK****REEL: 002552 FRAME: 0496**

IN WITNESS WHEREOF, the Surviving Corporation and Target have caused this Certificate of Ownership and Merger to be executed by their respective officers as of December 27, 2000.

Medtronic Xomed Surgical Products, Inc.

Merocel Corporation

By: [Signature]  
Print Name: JAIME A. ELIAS  
Its: VICE PRESIDENT

By: [Signature]  
Print Name: JAIME A. ELIAS  
Its: SECRETARY