



To the Honorable Commissioner of Pat <u>102290332</u> attached original documents or copy thereof.	
1. Name of conveying party(ies): MED 11-19-02 <u>W.L. ACQUISITION CORP.</u> <input type="checkbox"/> Individual(s) <input type="checkbox"/> Association <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership <input checked="" type="checkbox"/> Corporation <u>Delaware</u> <input type="checkbox"/> Other Additional name(s) of conveying party(ies) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	2. Name and address of receiving party(ies): Name: <u>WAMPOLE LABORATORIES, INC.</u> Internal Address: _____ Street Address: <u>51 Sawyer Road, Suite 200</u> City: <u>Waltham</u> State: <u>Massachusetts</u> ZIP: <u>02453</u> <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 <u>Delaware</u> <input type="checkbox"/> Other _____ If assignee is not domiciled in the United States, a domestic representative designation is attached: <input type="checkbox"/> Yes <input type="checkbox"/> No (Designations must be a separate document from Assignment) Additional name(s) & address(es) attached? <input type="checkbox"/> Yes <input type="checkbox"/> No
3. Nature of conveyance: <input type="checkbox"/> Assignment <input type="checkbox"/> Merger <input type="checkbox"/> Security Agreement <input checked="" type="checkbox"/> Change of Name <input type="checkbox"/> Other Execution Date: <u>September 30, 2002</u>	<input type="checkbox"/> Limited Partnership _____ <input checked="" type="checkbox"/> Corporation <u>Delaware</u> <input type="checkbox"/> Other _____ If assignee is not domiciled in the United States, a domestic representative designation is attached: <input type="checkbox"/> Yes <input type="checkbox"/> No (Designations must be a separate document from Assignment) Additional name(s) & address(es) attached? <input type="checkbox"/> Yes <input type="checkbox"/> No
4. Application number(s) or registration number(s): A. Trademark Application No.(s)	B. Trademark registration No.(s) <u>1256479, 1243391, 905718, 825169, 1174685, 1102995, 1312857, 1848960, 1343998, 991185, 1444673, 1731958, 1958380, 836939, 818126, 1255680, 1472740, 1997252, 2055781, 1353500, 1034266, 1218175, 1049889, 1129089, 1935190, 1257484, 970687, 1239018, 1237865, 124737, 2095284, 2046508, 2099398, 2097708, 2095176, 2097710, 2095177, 2097711, 2097709, 1782011, 1363917, and 1775696</u>
Additional numbers attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
5. Name and address of party to whom correspondence concerning document should be mailed: Name: <u>Charles E. Weinstein, Esq.</u> Internal Address: <u>Foley Hoag LLP</u> Street Address: <u>155 Seaport Boulevard</u> City: <u>Boston</u> State: <u>MA</u> ZIP: <u>02210</u>	6. Total number of applications and registrations involved: 42 registrations 7. Total fee (37 CFR 3.41): \$1065.00 <input type="checkbox"/> Enclosed <input checked="" type="checkbox"/> Authorized to be charged to deposit account
	8. Deposit account number: <u>06-1446</u> (Attach duplicate copy of this page if paying by deposit account)
DO NOT USE THIS SPACE	
9. Statement and Signature: 11/22/2002 TDIAZ1 00000026 061446 1256479 01 FC:8521 40.00 CH 02 FC:8522 1065.00 CH 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.	
<u>Charles E. Weinstein</u> Name of Person Signing	 Signature
	<u>November 15, 2002</u> Date
Total number of pages comprising cover sheet: 1	

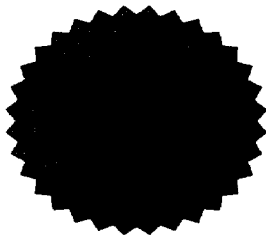
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Delaware

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The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "W.L. ACQUISITION CORP.", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "WAMPOLE LABORATORIES, INC.", THE THIRTIETH DAY OF SEPTEMBER, A.D. 2002, AT 5 O'CLOCK P.M.



Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 2040137

DATE: 10-17-02

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RECORDED: 11/19/2002

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