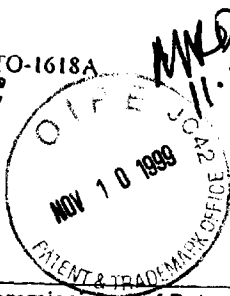


11-15-1999



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### RECORDATION FORM COVER SHEET TRADEMARKS ONLY

TO: The Commissioner of Patents and Trademarks: Please record the attached original document(s) or copy(ies).

#### Submission Type

- New
- Resubmission (Non-Recordation)  
Document ID # \_\_\_\_\_
- Correction of PTO Error  
Reel # \_\_\_\_\_ Frame # \_\_\_\_\_
- Corrective Document  
Reel # \_\_\_\_\_ Frame # \_\_\_\_\_

#### Conveyance Type

- Assignment  License
- Security Agreement  Nunc Pro Tunc Assignment
- Merger  Change of Name  
Effective Date  
Month Day Year  
10/16/97
- Change of Name
- Other \_\_\_\_\_

#### Conveying Party

Mark if additional names of conveying parties attached

Name RHONE MERIEUX, INC.

Execution Date  
Month Day Year  
10/16/97

Formerly \_\_\_\_\_

- Individual  General Partnership  Limited Partnership  Corporation  Association
- Other \_\_\_\_\_
- Citizenship/State of Incorporation/Organization GEORGIA

#### Receiving Party

Mark if additional names of receiving parties attached

Name MERIAL INC.

DBA/AKA/TA \_\_\_\_\_

Composed of \_\_\_\_\_

Address (line 1) 115 Transtech Drive

Address (line 2) \_\_\_\_\_

Address (line 3) Athens

City

Georgia

State/Country

30601

Zip Code

- Individual  General Partnership  Limited Partnership  If document to be recorded is an assignment and the receiving party is not domiciled in the United States, an appointment of a domestic representative should be attached. (Designation must be a separate document from Assignment.)
- Corporation  Association
- Other \_\_\_\_\_
- Citizenship/State of Incorporation/Organization Georgia

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01 FC:481  
02 FC:482

40.00 OP  
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Mail documents to be recorded with required cover sheet(s) information to:  
Commissioner of Patents and Trademarks, Box Assignments, Washington, D.C. 20231

**Domestic Representative Name and Address**

Enter for the first Receiving Party only.

Name

Address (line 1)

Address (line 2)

Address (line 3)

Address (line 4)

**Correspondent Name and Address**

Area Code and Telephone Number

Name

Address (line 1)

Address (line 2)

Address (line 3)

Address (line 4)

**Pages** Enter the total number of pages of the attached conveyance document including any attachments.

#

**Trademark Application Number(s) or Registration Number(s)**

Mark if additional numbers attached

Enter either the Trademark Application Number or the Registration Number (DO NOT ENTER BOTH numbers for the same property).

Trademark Application Number(s)

Registration Number(s)

**Number of Properties** Enter the total number of properties involved.

#

**Fee Amount** Fee Amount for Properties Listed (37 CFR 3.41):

\$

Method of Payment: Enclosed  Deposit Account

Deposit Account (Enter for payment by deposit account or if additional fees can be charged to the account.)

Deposit Account Number:

#

Authorization to charge additional fees:

Yes  No

**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. Charges to deposit account are authorized, as indicated herein.

Brewster Taylor  
Name of Person Signing

  
Signature

11/9/99  
Date Signed

Secretary of State  
Corporations Division  
Suite 315, West Tower  
2 Martin Luther King Jr. Dr.  
Atlanta, Georgia 30334-1530

DOCKET NUMBER : 973380541  
PRINT DATE : 12/04/1997  
FORM NUMBER : 218

RACHEL B. LITTLE  
CT CORPORATION SYSTEM  
1201 PEACHTREE ST.  
ATLANTA, GA 30361

CERTIFICATE OF FACT

I, Lewis A. Massey, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

Effective October 16, 1997, RHONE MERIEUX, INC., a Georgia corporation, filed articles of amendment changing the name of the corporation to MERIAL, INC.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence of the existence or nonexistence of the facts stated within.



*Lewis A. Massey*

Lewis A. Massey  
Secretary of State

Domestic Representative Name and Address

Enter for the first Receiving Party only.

Name LARSON AND TAYLOR

Address (line 1) 1199 North Fairfax Street, Suite 900

Address (line 2) Alexandria, Virginia 22314

Address (line 3)

Address (line 4)

Correspondent Name and Address

Area Code and Telephone Number 703-394-4900

Name Brewster Taylor

Address (line 1) Larson and Taylor

Address (line 2) 1199 North Fairfax Street

Address (line 3) Alexandria, Virginia 22314

Address (line 4)

Pages

Enter the total number of pages of the attached conveyance document including any attachments. # 3

Trademark Application Number(s) or Registration Number(s)

Mark if additional numbers attached

Enter either the Trademark Application Number or the Registration Number (DO NOT ENTER BOTH numbers for the same property).

Trademark Application Number(s)

Registration Number(s)

1,327,963 948,482 697,372

991,099 1,706,201

Number of Properties

Enter the total number of properties involved. # 5

Fee Amount

Fee Amount for Properties Listed (37 CFR 3.41): \$ 140.00

Method of Payment:

Enclosed  Deposit Account

Deposit Account

(Enter for payment by deposit account or if additional fees can be charged to the account.)

Deposit Account Number: # 12-0555

Authorization to charge additional fees: Yes  No

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. Charges to deposit account are authorized, as indicated herein.

Brewster Taylor

Name of Person Signing

Brewster Taylor  
Signature

11/9/99

Date Signed

