

07-26-2000

FORM PTO-1618A
Expires 06/30/99
OMB 0651-0027



U.S. Department of Commerce
Patent and Trademark Office
TRADEMARK

101413885

URO

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 _____
- Change of Name
- Other _____

Conveying Party

Mark if additional names of conveying parties attached

Execution Date
Month Day Year
11-4-99

Name COSMETIC THERAPEUTICS, INC.

Formerly _____

- Individual General Partnership Limited Partnership Corporation Association

Other _____

Citizenship/State of Incorporation/Organization DELAWARE

Receiving Party

Mark if additional names of receiving parties attached

Name COMPLEXIONS RX, INC.

DBA/AKA/TA _____

Composed of 4180 LA JOLLA VILLAGE DRIVE, STE 210

Address (line 1) _____

Address (line 2) _____

Address (line 3) LA JOLLA CALIFORNIA 92037
City State/Country Zip Code

- Individual General Partnership Limited Partnership Corporation Association
 - Other _____
- 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.)

Citizenship/State of Incorporation/Organization DELAWARE

FOR OFFICE USE ONLY

07/25/2000 MTHAI1 00000146 75804008

01 FC:481 40.00 OP
02 FC:482 275.00 OP

Public burden reporting for this collection of information is estimated to average approximately 30 minutes per Cover Sheet to be recorded, including time for reviewing the document and gathering the data needed to complete the Cover Sheet. Send comments regarding this burden estimate to the U.S. Patent and Trademark Office, Chief Information Officer, Washington, D.C. 20231 and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Paperwork Reduction Project (0651-0027), Washington, D.C. 20503. See OMB Information Collection Budget Package 0651-0027, Patent and Trademark Assignment Practice. DO NOT SEND REQUESTS TO RECORD ASSIGNMENT DOCUMENTS TO THIS ADDRESS.

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)		
<input type="text" value="75804008"/>	<input type="text" value="75720767"/>	<input type="text" value="75617546"/>	<input type="text" value="2333904"/>	<input type="text"/>	<input type="text"/>
<input type="text" value="75804007"/>	<input type="text" value="75724027"/>	<input type="text" value="75458129"/>	<input type="text" value="2324899"/>	<input type="text"/>	<input type="text"/>
<input type="text" value="75494059"/>	<input type="text" value="75617547"/>	<input type="text" value="75458127"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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.

Patricia L. Cotton
Name of Person Signing

Patricia L. Cotton
Signature

6/16/00
Date Signed

RECORDATION FORM COVER SHEET
CONTINUATION
TRADEMARKS ONLY

FORM PTO-1618C
EXPIRES 06/30/99
OMB 3651-0027

U.S. Department of Commerce
Patent and Trademark Office
TRADEMARK

Conveying Party

Enter Additional Conveying Party

Mark if additional names of conveying parties attached

Execution Date
Month Day Year

Name COSMETIC THERAPEUTICS, INC.

11-4-99

Formerly

Individual General Partnership Limited Partnership Corporation Association

Other

Citizenship State of Incorporation/Organization DELAWARE

Receiving Party

Enter Additional Receiving Party

Mark if additional names of receiving parties attached

Name COMPLEXIONS RX, INC.

DBA/KA/TA

Composed of

Address (line 1) 4180 LA JOLLA VILLAGE DRIVE, STE 210

Address (line 2)

Address (line 3) LA JOLLA

City

CALIFORNIA

State/Country

92037

Zip Code

Individual General Partnership Limited Partnership

Corporation Association

Other

Citizenship/State of Incorporation/Organization DELAWARE

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 the Assignment.)

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

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

Mark if additional numbers attached

Trademark Application Number(s)

Registration Number(s)

75444071		

Search Result

Rank 2 of 2

Database
CA-CORP

Information current through 06-02-2000
 Database Updated: 06-07-2000
 Update Frequency: WEEKLY
 Source: SECRETARY OF STATE

Search DUNER to retrieve list of available Dun & Bradstreet Reports

Name: COMPLEXIONS RX, INC.

Mailing Address: 4180 LA JOLLA VILLAGE DR STE 210
 LA JOLLA CA 92037

Agent Name: STAN PIERSON
 Title: REGISTERED AGENT
 Address: PILLSBURY MADISON & SUTRO LLP
 255 HANOVER ST
 PALO ALTO CA 94304-4545

Name: SUSAN DANISH
 Title: PRESIDENT
 Address: 7405 CHARMANT DR #2109
 LA JOLLA 92037
 CA

Stmt of Officers File #:0127718
 Last Complete Stmt Filed:05-01-2000

Type: FOREIGN STOCK CORPORATION
 State or Country of Inc. DELAWARE
 Date of Incorporation:Date of Qualification 06-26-1997
 Status: ACTIVE
 Good Standing Status:ONLY AVAILABLE DIRECTLY FROM SECRETARY OF STATE.
 Duration: PERPETUAL
 State ID Number: 02014999

Transaction: A
 Certificate: #A0534059
 Date: 11-04-1999
 Number of Pages Filed:03
 Comments: NAME CHANGE FROM: COSMETIC THERAPEUTICS, INC.

THIS DATA IS FOR INFORMATIONAL PURPOSES ONLY. CERTIFICATION
 OBTAINED THROUGH THE SACRAMENTO OFFICE OF THE CALIFORNIA

R FOR DOCUMENT ORDERING, CALL (800) 882-5567 TO ORDER
 RELATED DOCUMENTS.

END OF DOCUMENT

Copr. © West 2000 No Claim to Orig. U.S. Govt. Works

RECORDED: 06/27/2000

TRADEMARK
 REEL: 002108 FRAME: 0969