



TRADEMARKS ONLY

9-13-00

To the Honorable Commissioner of Pa

101473710

Please record the original document or copy thereof

<p>1. Name of Party(ies) conveying an interest:</p> <p>Microflex Medical Corporation</p> <p>Entity:</p> <p><input type="checkbox"/> Individual</p> <p><input type="checkbox"/> General Partnership</p> <p><input checked="" type="checkbox"/> Corporation-State of Nevada</p> <p><input type="checkbox"/> Association</p> <p><input type="checkbox"/> Limited Partnership</p> <p><input type="checkbox"/> Other _____</p> <hr/> <p>3. Interest Conveyed:</p> <p><input type="checkbox"/> Assignment</p> <p><input type="checkbox"/> Security Agreement</p> <p><input checked="" type="checkbox"/> Change of Name</p> <p><input type="checkbox"/> Merger</p> <p><input type="checkbox"/> Other _____ <input type="checkbox"/></p> <hr/>	<p>2. Name and Address of Party(ies) receiving an interest:</p> <p>Name: <u>Microflex Corporation</u></p> <p>Address: <u>P.O. Box 32000</u></p> <p>City: <u>Reno</u></p> <p>State: <u>Nevada</u> Zip: <u>89533-2000</u></p> <p><input type="checkbox"/> Individual</p> <p><input type="checkbox"/> General Partnership</p> <p><input checked="" type="checkbox"/> Corporation-Nevada</p> <p><input type="checkbox"/> Association</p> <p><input type="checkbox"/> Limited Partnership</p> <p><input type="checkbox"/> Other _____</p> <p><input type="checkbox"/> Citizenship _____</p> <p>If not domiciled in the United States, a domestic representative designation is attached:</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
<p>4. Application number(s) or registration number(s). Additional Sheet Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>A. Trademark Application No.(s) _____ B. Trademark Registration No.(s) _____</p> <p style="text-align: center;">1,791,383</p>	
<p>5. Name and address of party to whom correspondence concerning document should be mailed:</p> <p>RUSS, AUGUST, KABAT & KENT 12424 Wilshire Boulevard, Suite 1200 Los Angeles, California 90025</p>	<p>6. Number of applications and registrations involved:</p> <p style="text-align: center;"><u>1</u></p> <p>7. Amount of fee enclosed or authorized to be charged: \$40.00</p> <p>8. Deposit account number (Attach duplicate copy of this form if paying by deposit account): _____</p>
<p>DO NOT USE THIS SPACE</p>	

9. Date execution of attached document November 9, 1998

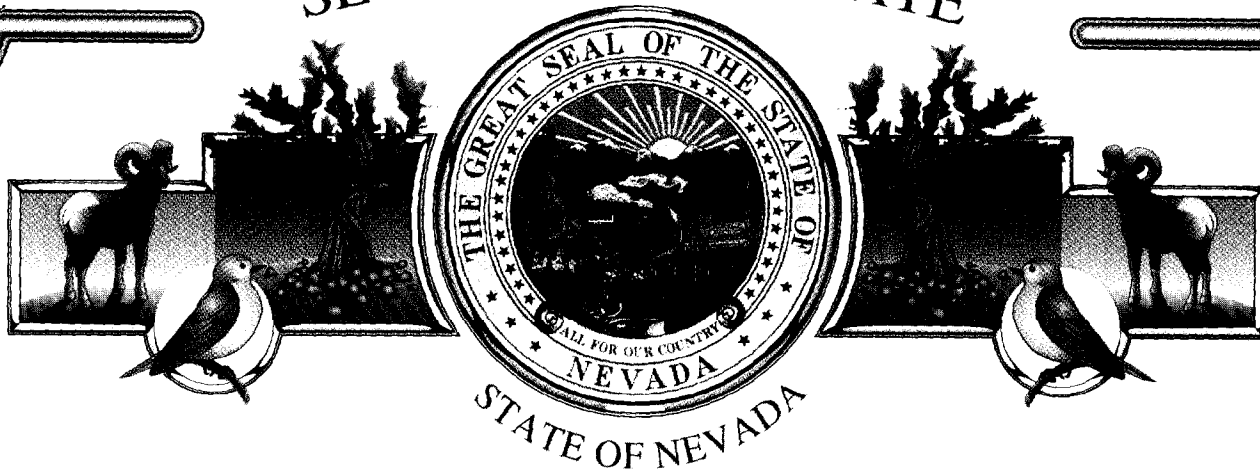
10. I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct. Executed on:

Lucy B. Arant
Signature

September 11, 2000
Date
Lucy B. Arant
Name of Person Signing

09/26/2000 6TON11 00000072/1791383
01 FC:481
40.00 DP

SECRETARY OF STATE



CERTIFICATE OF NAME CHANGE

I, DEAN HELLER, the duly qualified and elected Nevada Secretary of State, do hereby certify that on November 9, 1998 a Certificate of Amendment to its Articles of Incorporation changing the name to **MICROFLEX CORPORATION** was filed in this office by **MICROFLEX MEDICAL CORPORATION**. Said change of name has been made in accordance with the laws of the State of Nevada and that said Certificate of Amendment is now on file and of record in this office.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office, in Carson City, Nevada, on March 4, 1999.



Dean Heller

Secretary of State

By *A. L. Laker*

Certification Clerk