



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

10-30-2000  
U.S. Patent & TMO/TM Ma

12-12-2000

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



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### RECORDATION FORM COVER SHEET TRADEMARKS ONLY

10.30.00

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  
Effective Date  
Month Day Year \_\_\_\_\_
- Merger
- Change of Name
- Other \_\_\_\_\_

#### Conveying Party

Mark if additional names of conveying parties attached

Name Myelotec, Inc.

Execution Date  
Month Day Year  
09 13 00

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 Visionary Biomedical, Inc.

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

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

Address (line 1) 4000 Northfield Way

Address (line 2) Suite 900

Address (line 3) Roswell

City

Georgia / USA

State/Country

30076

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 Assignment.)

12/11/2000 GT0N11 00000163 2213968

FOR OFFICE USE ONLY

01 FC:481  
02 FC:482

40.00 OP  
25.00 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

TRADEMARK  
REEL: 002192 FRAME: 0794

**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

(770) 984-2300

Name

Bradley K. Groff

Address (line 1)

GARDNER & GROFF, P.C.

Address (line 2)

Paper Mill Village, Building 23

Address (line 3)

600 Village Trace, Suite 300

Address (line 4)

Marietta, GA 30067

**Pages**

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

#

1

**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"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

2,213,968	<input type="text"/>	<input type="text"/>
2,302,497	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

**Number of Properties**

Enter the total number of properties involved.

#

2

**Fee Amount**

Fee Amount for Properties Listed (37 CFR 3.41):

\$

65.00

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:

#

501513

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.

Bradley K. Groff

Name of Person Signing



Signature

October 25, 2000

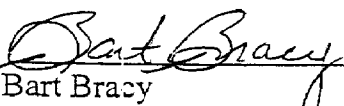
Date Signed

CERTIFICATE OF MERGER  
OF  
MYELOTEC, INC., A GEORGIA CORPORATION  
INTO  
VISIONARY BIOMEDICAL, INC., A DELAWARE CORPORATION

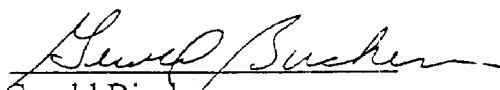
Pursuant to the provisions of the Georgia Business Corporation Code, the undersigned corporations adopt the following Certificate of Merger:

1. An Agreement and Plan of Merger has been duly approved by the Board of Directors and shareholders of Myelotec, Inc., a Georgia corporation, and the Board of Directors and shareholders of Visionary BioMedical, Inc., a Delaware corporation.
2. The name of the surviving corporation is Visionary BioMedical, Inc., a Delaware corporation.
3. The executed Agreement and Plan of Merger is on file at the principal place of business of Visionary BioMedical, Inc. which is located at 4000 Northfield Way, Suite 900, Roswell, Georgia 30076 and a copy of such Agreement and Plan of Merger will be furnished on request and without cost to any stockholder of Myelotec, Inc. or Visionary BioMedical, Inc.

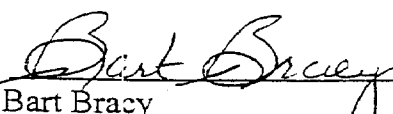
VISIONARY BIOMEDICAL, INC.

By:   
Bart Bracy  
President and Chief Executive Officer

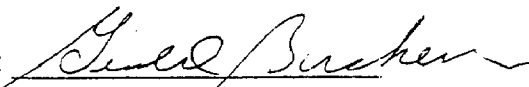
ATTEST:

By:   
Gerald Birchem  
Vice President of Finance and  
Operations, Treasurer and  
Secretary

MYELOTEC, INC.

By:   
Bart Bracy  
President and Chief Executive Officer

ATTEST:

By:   
Gerald Birchem  
Vice President of Finance and  
Operations, Treasurer and  
Secretary