

02-21-2001



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

21201

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
 - Other
- Effective Date
Month Day Year
 1 24 01

Conveying Party

Mark if additional names of conveying parties attached

Name Execution Date
Month Day Year

Formerly

76182105

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

Receiving Party

Mark if additional names of receiving parties attached

Name

DBA/AKA/TA

Composed of

Address (line 1)

Address (line 2)

Address (line 3)

City State/Country Zip Code

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

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.)

02/21/2001 DBYRNE 00000049 76182105

FOR OFFICE USE ONLY

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

TRADEMARK
REEL: 002238 FRAME: 0096

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)

<input type="text" value="76182105"/>	<input type="text" value="76181858"/>	<input type="text" value="76132860"/>
<input type="text" value="76182047"/>	<input type="text" value="76181857"/>	<input type="text" value="76132859"/>
<input type="text" value="76181859"/>	<input type="text" value="76180935"/>	<input type="text" value="76132858"/>

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"/>

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.

Peter J. Walsh

Name of Person Signing

Peter J. Walsh

Signature

7 Feb 01

Date Signed

RECORDATION FORM COVER SHEET
CONTINUATION
TRADEMARKS ONLY

Conveying Party

Enter Additional Conveying Party

Mark if additional names of conveying parties attached

Execution Date
Month Day Year

Name

[Text input field]

Formerly

[Text input field]

Individual General Partnership Limited Partnership Corporation Association

Other [Text input field]

Citizenship State of Incorporation/Organization [Text input field]

Receiving Party

Enter Additional Receiving Party

Mark if additional names of receiving parties attached

Name

[Text input field]

DBA/AKA/TA

[Text input field]

Composed of

[Text input field]

Address (line 1)

[Text input field]

Address (line 2)

[Text input field]

Address (line 3)

[Text input field]

City

State/Country

Zip Code

Individual General Partnership Limited Partnership

Corporation Association

Other [Text input field]

Citizenship/State of Incorporation/Organization [Text input field]

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)

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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)

76132857	[]	[]
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State of New York }
Department of State } ss:

I hereby certify that the annexed copy has been compared with the original document in the custody of the Secretary of State and that the same is a true copy of said original.

Witness my hand and seal of the Department of State on **FEB 05 2001**



A handwritten signature in black ink, appearing to read "J. Leub", with a long horizontal line extending to the right.

Special Deputy Secretary of State

DOS-1266 (7/00)

AIDE-24

F010123000829

AIDE-24

**CERTIFICATE OF AMENDMENT
OF THE CERTIFICATE OF INCORPORATION
OF ADVANCED BIOANALYTICAL SERVICES, INC.
UNDER SECTION 805 OF THE BUSINESS CORPORATION LAW**

1. The name of the corporation is Advanced Bioanalytical Services, Inc.
2. The Certificate of Incorporation of this corporation was filed by the department of state on January 6, 1993.
3. The Certificate of Incorporation is hereby amended to change the name of the corporation.
4. To effect the change stated above, section one of the Certificate of Incorporation with respect to the name of the corporation is hereby amended to read as follows:
 1. "The name of the corporation is Advion BioSciences, Inc."
5. The amendment to the Certificate of Incorporation was authorized by unanimous consent of the board of directors followed by unanimous consent of the shareholders.

IN WITNESS WHEREOF, this Certificate of Amendment of the Certificate of Incorporation is hereby executed, effective as of the 22 day of January, 2001.

ADVANCED BIOANALYTICAL SERVICES, INC.

By: 
Thomas R. Kurz

Title: Chief Operating Officer

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FILING RECEIPT

F010123000879

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ENTITY NAME: ADVION BIOSCIENCES, INC.

DOCUMENT TYPE: RESERVATION FOR CHANGE OF NAME

SERVICE COMPANY: ACCELERATED INFORMATION & DOCUMENT FIL SERVICE CODE: 24

APPLICANT NAME : ADVANCED BIOANALYTICAL SERVICES INC.

=====

FILED:01/09/2001 DURATION:03/12/2001 CASH#:010109000450 FILM #:010109000436

ADDRESS FOR PROCESS

REGISTERED AGENT

** SUBMIT RECEIPT WHEN FILING CERTIFICATE **

FILER	FEE	AMOUNT	PAYMENTS	AMOUNT
ADVANCED BIOANALYTICAL SERVICES INC	FILING	20.00	CASH	0.00
KRISTINE PEACOCK C/O AIDF	TAX	0.00	CHECK	0.00
90 STATE STREET, SUITE 836	CERT	0.00	CHARGE	0.00
ALBANY, NY 12207	COPIES	0.00	DRAWDOWN	45.00
	HANDLING	25.00	BILLED	0.00
			REFUND	0.00

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DOS-1025 (11/89)

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CERTIFICATE OF
AMENDMENT

OF

ADVANCED BIOANALYTICAL SERVICES, INC.

JAN 23 10 41 AM '01

JAN 23 10 41 AM '01

STATE OF NEW YORK
DEPARTMENT OF STATE

Filed by

Kristine E Peacock
Accelerated Information & Document Filing, Inc.
90 State Street, Suite 836
Albany, New York 12207

FILED JAN 23 2001
TAX BY

CUSTOMER REFERENCE #: 401

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Drawdown

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