

04-30-2001



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**RECORDATION FORM COVER SHEET  
TRADEMARKS ONLY**

APR 1 2001

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** Effective Date  
Month Day Year

**Change of Name**

**Other**

**Conveying Party**

Mark if additional names of conveying parties attached

Name  Execution Date  
Month Day Year

Formerly

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/AKATA

Composed of

Address (line 1)

Address (line 2)

Address (line 3)     
City State/Country 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

04/27/2001 GTON11 00000489 75517114

FOR OFFICE USE ONLY

01 FC:481 40.00 OP  
02 FC:482 425.00 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: 002283 FRAME: 0022

**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.

Robert R. Caliri  
Name of Person Signing

  
Signature

April 17, 2001  
Date Signed

**RECORDATION FORM COVER SHEET  
CONTINUATION  
TRADEMARKS ONLY**

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

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

Formerly

Individual  General Partnership  Limited Partnership  Corporation  Association

Other

Citizenship State of Incorporation/Organization

**Receiving Party**

Enter Additional 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

Corporation  Association

Other

Citizenship/State of Incorporation/Organization

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**Trademark Application Number(s)**

**Registration Number(s)**

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Office of the Secretary of State

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I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF MERGER, WHICH MERGES:

"COMBE PRODUCTS, INC.", A DELAWARE CORPORATION,

WITH AND INTO "COMBE PHARMA LTD." UNDER THE NAME OF "COMBE PHARMA LTD.", A CORPORATION ORGANIZED AND EXISTING UNDER THE LAWS OF THE STATE OF DELAWARE, AS RECEIVED AND FILED IN THIS OFFICE THE THIRTY-FIRST DAY OF MAY, A.D. 2000, AT 9 O'CLOCK A.M.



A handwritten signature in cursive script, reading "Edward J. Freel".

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Edward J. Freel, Secretary of State

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AUTHENTICATION: 0516466

DATE: 06-22-00

TRADEMARK  
REEL: 002283 FRAME: 0025

**CERTIFICATE OF MERGER  
OF  
COMBE PRODUCTS, INC.  
WITH AND INTO  
COMBE PHARMA LTD.**

Combe Pharma Ltd., a Delaware corporation (the "Company"), does hereby certify, pursuant to Section 251 of the General Corporation Law of the State of Delaware, as follows:

**FIRST:** The name and state of incorporation of each constituent corporation are as follows:

<u>Name</u>	<u>State of Incorporation</u>
Combe Pharma Ltd.	Delaware
Combe Products, Inc.	Delaware

**SECOND:** An Agreement and Plan of Merger with respect to the merger contemplated hereby has been approved, adopted, certified, executed, and acknowledged by each of the constituent corporations in accordance with Section 251 of the General Corporation Law of the State of Delaware.

**THIRD:** The name of the surviving corporation shall be Combe Pharma Ltd.

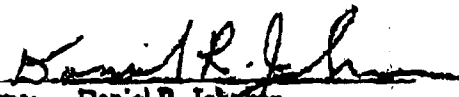
**FOURTH:** The certificate of incorporation of the Company shall be the certificate of incorporation of the surviving corporation.

**FIFTH:** The executed Agreement and Plan of Merger is on file at the principal place of business of the Company (which, as of the date hereof, is located at 1101 Westchester Avenue, White Plains, New York 10604-3597).

**SIXTH:** A copy of the Agreement and Plan of Merger will be furnished by the surviving corporation, upon request and without cost, to any stockholder of the Company or Combe Products, Inc.

IN WITNESS WHEREOF, the Company has caused this Certificate of Merger to be executed pursuant to and in accordance with Sections 251(c) and 103, respectively, of the General Corporation Law of the State of Delaware on this 31st day of May, 2000, and, by the signature below, the undersigned hereby affirms and acknowledges, under penalties of perjury, that this Certificate of Merger represents the act and deed of the undersigned and of the Company and that the facts stated herein are true.

COMBE PHARMA LTD.

By   
Name: Daniel R. Johnson  
Title: Secretary

CA-CORPORATE/2000 05/31/00

10/10/2000 10:00:00 AM