

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

12-17-2001



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ORM COVER SHEET
ARKS ONLY

12-1101

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

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 # _____

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Conveyance Type

Assignment License

Security Agreement Nunc Pro Tunc Agreement
Effective Date
Month Day Year

Merger

Change of Name

Other _____

Conveying Party

Mark if additional names of conveying parties attached

Execution Date

Month Day Year

Name Knoll Pharmaceutical Company

Formerly _____

Individual General Partnership Limited Partnership Corporation Association

Other _____

Citizenship/State of Incorporation/Organization New Jersey

Receiving Party

Mark if additional names of receiving parties attached

Name Abbott Laboratories

DBA/AKA/TA _____

Composed of _____

Address (line 1) 100 Abbott Park Road

Address (line 2) _____

Address (line 3) Abbott Park

City

Illinois/USA

State/Country

60064

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 the Assignment.)

Citizenship/State of Incorporation/Organization Illinois

12/17/2001 LMJELLER 00000047 010025 76180453

FOR OFFICE USE ONLY

01 FC:401
02 FC:402

40.00 CH
25.00 CH

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, DC 20231

TRADEMARK
REEL: 002408 FRAME: 0440

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).***SEE SCHEDULE A****

Trademark Application Number(s)

Registration Number(s)

<input type="text" value="76/180,453"/>	<input type="text" value="76/180,454"/>	<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"/>	<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:

#

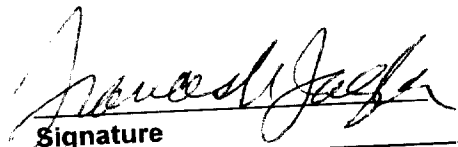
Authorization to charge additional fees:

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.

Frances M. Jagla
Name of Person Signing


Signature

December 11, 2001
Date Signed

ASSIGNMENT

WHEREAS, KNOLL PHARMACEUTICAL COMPANY, a corporation existing under the laws of the State of New Jersey, having its principal place of business at 3000 Continental Drive North, Mount Olive, New Jersey 07828, U.S.A., is the owner of United States Trademark Applications and Registrations included on attached Exhibit A; and

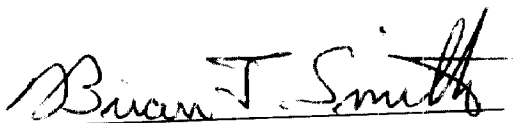
WHEREAS, ABBOTT LABORATORIES, a corporation existing under the laws of the State of Illinois, having its principal place of business at 100 Abbott Park Road, Abbott Park, Illinois 60064, U.S.A., is desirous of acquiring all right, title and interest in and to said Trademark Applications and Registrations, and

WHEREAS, KNOLL PHARMACEUTICAL COMPANY, is willing to assign any and all of its rights to said Trademark Applications and Registrations, together with the goodwill of the business concerned in the goods.

NOW, THEREFORE, for good and valuable consideration in the sum of \$10.00 (ten U.S. dollars), receipt of which is hereby acknowledged and accepted, KNOLL PHARMACEUTICAL COMPANY, does hereby sell, transfer, convey and assign to ABBOTT LABORATORIES, any and all right, title and interest in and to the trademarks and the Trademark Applications and Registrations associated therewith, including the goodwill of the business symbolized by the trademarks.

Dated this 11th day of December 2001.

KNOLL PHARMACEUTICAL
COMPANY



By: Brian J. Smith
Title: Vice President and Secretary

ABBOTT LABORATORIES



By: Steven F. Weinstock
Title: Assistant Secretary, Vice President,
and Chief Patent and Trademark Counsel

EXHIBIT A

Trademark

Application No.

PAIN MANAGEMENT SOLUTIONS
PAIN MANAGEMENT SOLUTIONS AND DESIGN

76/180,453
76/180,454