

01-14-2002



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Form PTO-1594
(Rev. 03/01)
OMB No. 0651-0027 (exp. 5/31/2002)

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TRADEMARKS ONLY

U.S. DEPARTMENT OF COMMERCE
U.S. Patent and Trademark Office

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To the Honorable Commissioner of Patents and Trademarks: Please record the attached original documents or copy thereof.

1. Name of conveying party(ies):
DuPont Pharmaceutical Company -

1/9/02

- Individual(s)
- Association
- General Partnership
- Limited Partnership
- Corporation-State of Delaware
- Other _____

Additional name(s) of conveying party(ies) attached? Yes No

3. Nature of conveyance:

- Assignment
- Merger
- Security Agreement
- Change of Name
- Other _____

Execution Date: October 2, 2001

2. Name and address of receiving party(ies)

Name: Bristol-Myers Squibb Pharma
Internal Company

Address: Trademark Department

Street Address: 345 Park Avenue

City: New York State: NY Zip: 10154

- Individual(s) citizenship _____
- Association _____
- General Partnership _____
- Limited Partnership _____
- Corporation-State Delaware
- Other _____

If assignee is not domiciled in the United States, a domestic representative designation is attached: Yes No
(Designations must be a separate document from assignment)
Additional name(s) & address(es) attached? Yes No

4. Application number(s) or registration number(s):

A. Trademark Application No.(s)
76/156,489
76/317,048
76/156,488

B. Trademark Registration No.(s)

2283159 2281933
2272439 2304495

Additional number(s) attached Yes No

5. Name and address of party to whom correspondence concerning document should be mailed:

Name: Ms. Charlotte Watson

Internal Address: Trademark Department
Bristol-Myers Squibb Company

Street Address: 345 Park Avenue

City: New York State: NY Zip: 10154

6. Total number of applications and registrations involved: 8

7. Total fee (37 CFR 3.41).....\$ _____

- Enclosed
- Authorized to be charged to deposit account

8. Deposit account number:

132505

(Attach duplicate copy of this page if paying by deposit account)

DO NOT USE THIS SPACE

9. 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.

Charlotte Watson
Name of Person Signing

Charlotte Watson
Signature

11/28/2001
Date

Total number of pages including cover sheet, attachments, and document: 3

Mail documents to be recorded with required cover sheet information to:
Commissioner of Patent & Trademarks, Box Assignments
Washington, D.C. 20231

01/14/2002 RANMED1 00000180 132505 76156489
01 FC:481 40.00 CH
175.00 CH

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SUPPLEMENTAL CERTIFICATE

NEW CASTLE COUNTY
REGISTRATION OF TRADE NAMES
PARTNERSHIPS & ASSOCIATIONS

6 Del C. Ch. 31

TRADE NAME: Bristol-Myers Squibb Pharma Company (Original File No. 25757.0)

Business Address: 203 Longmeadow Drive, Wilmington, DE 19810

Telephone Number: _____

Title of Person, Firm or Association: Bristol-Myers Squibb Pharma Company

Names and addresses of all owners, members, or partners comprising the firm:

LAST NAME	FIRST NAME	ADDRESS
<u>E.R. Squibb & Sons, L.L.C.</u>		<u>345 Park Ave., New York, NY 10154</u>
<u>Bristol-Myers Squibb Pharma Holding Company, LLC</u>		<u>345 Park Ave., New York, NY 10154</u>
_____	_____	_____

Date of ^{change} formation: October 2, 2001

Nature of ^{change} Business: Title of partnership has changed from "DuPont

Pharmaceutical Company" to "Bristol-Myers Squibb Pharma Company" and the partners have changed from E.I. du Pont de Nemours and Company and DuPont STATE OF DELAWARE Pharma, Inc. to E.R. Squibb & Sons, L.L.C. and NEW CASTLE COUNTY Bristol-Myers Squibb Pharma Holding Company, LLC

Queens

NEW YORK

BEFORE ME, the subscriber, a Notary Public of the State of Delaware, personally appeared Sandra Leung, Secretary of Bristol-Myers Squibb Pharma Company, a principal in the business described in the foregoing Certificate, who, having first been sworn by me according to law did depose and say as follows:

1. He/She is a principal in the business described in the foregoing certificate.
2. That the foregoing information provided in the foregoing certificate is true, correct, and complete.

[Signature]
Affiant

SWORN AND SUBSCRIBED this 2nd day of October, 2001.

[Signature]
NOTARY PUBLIC

MAUREEN A. ROOS
Notary Public, State of New York
No. 01RO4626850
Qualified in Queens County
Commission Expires December 31, 2002

REV: 2/90

CERTIFIED AS A TRUE COPY:
ATTEST: SHARON AGNEW
PROTHONOTARY
BY [Signature]

RECORDED: 01/09/2002

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