FORM PTO-1594 (mo

03-22-2002

U.S. DEPARTMENT OF COMMERCE

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

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To the Honorable	Commissioner	of Palents and Trademar
nveving partv(i	es):	798

To the Honorable Commissioner of Palents and Trademarks:	Please record the attached original documents or copy thereof.
1. Name of conveying party(ies): Advanced Pharma, Inc. Individual(s) General Partnership Corporation-State: Delaware MAR 1 8 2002 MAR 1 8 2002 Limited Partnership	Name and address of receiving party(ies): Name: <u>Advancis Pharmaceutical Corporation</u> Internal Address: Street Address: <u>942 Clopper Road</u>
Other:	City: Gaithersburg State: MD ZIP: 20878
Additional name(s) of conveying party(ies) attached? Yes No	☐ Individual(s) citizenship:
3. Nature of conveyance:	General Partnership of:
Assignment Merger	Limited Partnership of:
☐ Security Agreement ☐ Change of Name ☐ Other:	
Execution Date:July 20, 2001	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) 76/291,066 	B. Trademark Registration No.(s)
Additional numbers attached	☐ Yes ☒ No
Name and address of party to whom correspondence concerning document should be mailed: Name:Adam D. Resnick, Esq. Internal Address:	6. Total number of applications and registrations involved:
PIPER MARBURY RUDNICK & WOLFE LLP	 ☑ Enclosed ☐ Authorized to be charged to deposit account
Street Address: 1200 Nineteenth Street, NW	8. Deposit account number: 501150
City: Washington State: DC ZIP: 20036	(Attach duplicate copy of this page if paying by deposit account)
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9. Statement and signature. To the best of my knowledge and belief, the foregoing information is t document. Adam D. Resnick, Esq. Name of Person Signing	true and correct and any attached copy is a true copy of the original $\frac{3/18/02}{\text{Date}}$
Total no. of pages incl. cover sheet	s, attachments, and document:
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