

05-29-2002



Form PTO-1594 (Rev. 03/01) OMB No. 0651-0027 (exp. 5/31/200) Tab settings

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

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

1. Name of conveying party(ies): Red Line Medical Supply, Inc. 5-20-02 [] Individual(s) [] Association [] General Partnership [] Limited Partnership [x] Corporation-State [] Other Corporation--State of Minnesota Additional name(s) of conveying party(ies) attached? [] Yes [x] No

2. Name and address of receiving party(ies) Name: McKesson Medical-Surgical Internal Minnesota Supply Inc. Address: Street Address: 8121 10th Avenue North City: Golden Valley State: MN Zip: 55427 [] Individual(s) citizenship [] Association [] General Partnership [] Limited Partnership [x] Corporation-State Minnesota [] 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

3. Nature of conveyance: [] Assignment [] Merger [] Security Agreement [x] Change of Name [] Other Execution Date: August 13, 2001

4. Application number(s) or registration number(s): A. Trademark Application No.(s) None B. Trademark Registration No.(s) 1,688,715; 1,690,023; 1,695,858 Additional number(s) attached [] Yes [x] No

6. Total number of applications and registrations involved: 3

5. Name and address of party to whom correspondence concerning document should be mailed: Name: Nina Steinman Internal Address: McKesson Corporation 34th Floor-Law Department Street Address: One Post Street City: San Francisco State: CA Zip: 94104

7. Total fee (37 CFR 3.41).....\$ 90 [] Enclosed [x] Authorized to be charged to deposit account 8. Deposit account number: 501457

DO NOT USE THIS SPACE

9. Signature. Nina Steinman Name of Person Signing [Signature] May 20, 2002 Date [2] Total number of pages including cover sheet, attachments, and document:

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

05/28/2002 6TOM11 00000128 501457 1688715 01 FC:481 40.00 CH 02 FC:482 50.00 CH

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MINNESOTA SECRETARY OF STATE

AMENDMENT OF ARTICLES OF INCORPORATION

2R-377

READ INSTRUCTIONS LISTED BELOW, BEFORE COMPLETING THIS FORM.

- 1. Type or print in black ink.
- 2. There is a \$35.00 fee payable to the Secretary of State for filing this "Amendment of Articles of Incorporation".
- 3. Return Completed Amendment Form and Fee to the address listed on the bottom of the form.

CORPORATE NAME: (List the name of the company prior to any desired name change)

Red Line Medical Supply, Inc.

This amendment is effective on the day it is filed with the Secretary of State, unless you indicate another date, no later than 30 days after filing with the Secretary of State.

The following amendment(s) to articles regulating the above corporation were adopted: (Insert full text of newly amended article(s) indicating which article(s) is (are) being amended or added.) If the full text of the amendment will not fit in the space provided, attach additional numbered pages. (Total number of pages including this form 1.)

ARTICLE I

The name of this corporation is McKesson Medical-Surgical Minnesota Supply Inc.

This amendment has been approved pursuant to Minnesota Statutes chapter 302A or 317A. I certify that I am authorized to execute this amendment and I further certify that I understand that by signing this amendment, I am subject to the penalties of perjury as set forth in section 609.48 as if I had signed this amendment under oath.

[Handwritten Signature]
(Signature of Authorized Person)

Name and telephone number of contact person: Glenette E. Babb (415) 983-8331
Please print legibly

All of the information on this form is public and required in order to process this filing. Failure to provide the requested information will prevent the Office from approving or further processing this filing.

If you have any questions please contact the Secretary of State's office at (651)296-2803.

STATE OF MINNESOTA
DEPARTMENT OF STATE
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RETURN TO: Secretary of State
180 State Office Bldg., 100 Constitution Ave.
St. Paul, MN 55155-1299, (651)296-2803

AUG 13 2001

[Handwritten Signature]
Secretary of State

08921340 Rev. 10/98

019203 RECORDED: 05/20/2002

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