06-06-2002 FORM PCT-1618A U.S. Department of Commerce Expires 6/30/99 Patent and Trademark Office TRADEMARK OMB 0651-0027 102112927 OVER SHEET TRADEMARKS ONLY TO: The Commissioner of Patents and Trademarks: Please record the attached original document(s) or copy(ies). Conveyance Type **Submission Type** 5-30-07\_ New License Assignment Resubmission (Non Recordation) Nunc Pro Tunc Assignment Security Document ID# 102025337 Effective Date Agreement Correction of PTO Error Month Day Year 12/31/1996 Reel # | Frame # Merger Corrective Document Change of Name Frame # Reel# Other Mark if additional names of conveying parties attached **Conveying Party** Execution Date Month Day Year Corning Clinical Laboratories Inc. 12/31/1996 Name Formerly General Partnership Limited Partnership Corporation Association Individual Other Citizenship/State of Incorporation/Organization Delaware Mark if additional names of receiving parties attached **Receiving Party Ouest Diagnostics Incorporated** Name DBA/AKA/TA Composed of Address (line 1) One Malcolm Avenue 10 (") ( Address (line 2) 07608-1070 Address (line 3) Teterboro New Jersey State/County Zip Code Individual General Partnership Limited If document to be recorded is an assignment and the receiving party is not domiciled in the Partnership United States, an appointment of a domestic Association Corporation representative should be attached. (Designation must be a separate document from Assignment.) Other Delaware Citizenship/State of Incorporation/Organization FOR OFFICE USE ONLY

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Name	<del>,</del>		100000000000000000000000000000000000000		
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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).					
	Application Number(s)	Registration Num	iber(s)		
		2,312,163 2,356,304	2,365,335		
		2,365,337 2,365,330	2,527,717		
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Method of Payment: Enclosed Deposit Account 🖂					
Deposit Account (enter for payment by deposit account or if additional fees can be charged to the account.)					
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Cheryl A. Withyo	<i>[ ' ]</i>	und A. Wather Mondie.	May 30, 2002		
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Resubmission (Non Recordation) Document ID#	Security unc Pro Tunc Assignment
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	Other
Conveying Party	Mark if additional names of conveying parties attached
Name Corning Clinical Lab	boratories Inc.
Formerly	
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Individual General Partnersh	nip Limited Partnership Corporation Association
Other  Citizenship (State of Learning)	10
Citizenship/State of Incorporation/	Organization Delaware
Receiving Party	Mark if additional names of receiving parties attached
Name Quest Diagn	nostics Incorporated
DBA/AKA/TA	
Composed of	
A 11 (1' 1) O 2(1-1	
Address (line 1) One Malcolm	1 Avenue
Address (line 2)	
Address (line 3) Teterboro City	New Jersey 07608-1070 State/County Zip Code
☐ Individual ☐ General Partnership	Limited
Partnership	and the receiving party is not domiciled in a United States, an appointment of a domes
Corporation Association	representative should be attached. (Designation
☐ Other ☐ Citizenship/State of Incorporation/	must be a separate document from Assignment.
Citizenship/State of incorporation/	Organization Delaware
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Address (line 2)				
Address (line 3)				
Address (line 4)				
Correspondent N	ame and Address Area Code and Telephone	Number 619-236-1441		
Name	Cheryl A. Withycombe			
Address (line 1)	Baker & McKenzie			
Address (line 2)	101 West Broadway			
Address (line 3)	Twelfth Floor			
Address (line 4)	San Diego, California 92101-3890			
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Trademark Appl	ication Number(s) or Registration Number(s) Mark if additional numbers are the Trademark Application Number or the Registration Number (DO NOT ENTER BOTH numbers for the same	attached property).		
	Application Number(s) Registration Number(s)			
	2,312,163 2,356,304	2,365,335		
	2,365,337 2,365,330	2,527,717		
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Number of Properties  Enter the total number of properties involved. #6				
Fee Amount	Fee Amount for Properties Listed (37 CFR 3.	41):\$165.00		
	od of Payment: Enclosed 🛛 Deposit Account 📋			
Depos	sit Account or payment by deposit account or if additional fees can be charged to the account.)			
(enter to	Deposit Account Number:	#02-0410		
	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 deposition				
i .	re authorized, as indicated herein, combe Meny A Withy combe	2-25-02		
Cheryl A. Withy	erson Signing Signature	Date Signed		
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## State of Delaware

PAGE

## Office of the Secretary of State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "CORNING CLINICAL LABORATORIES INC.", FILED A CERTIFICATE OF MERGER, CHANGING ITS NAME TO "OUEST DIAGNOSTICS INCORPORATED", THE THIRTEENTH DAY OF NOVEMBER, A.D. 1996, AT 10 O'CLOCK A.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE EFFECTIVE DATE OF THE AFORESAID CERTIFICATE OF MERGER IS THE THIRTY-FIRST DAY OF DECEMBER, A.D. 1996.



AUTHENTICATION: 1170867

2249088 8320

RECORDED: 02/25/2002

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TRADEMARK **REEL: 2518 FRAME: 0964** 

DATE: 06-05-01