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U.S. Patent & TMOfc/TM Mail Rcpt. Dt. #57



06-04-2002

May 31, 2002

RECORDATION FORM COVER SHEET

6-4-02

TRADEMARKS ONLY

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OUR FILE NOS. 900060; 960306; 960303

BOX ASSIGNMENTS/FEE

Assistant Commissioner for Trademarks  
2900 Crystal Drive  
Arlington, Virginia 22202-3513

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

1. Name of Party(ies) conveying an interest:  
Genetic Laboratories Wound Care, Inc.

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

2. Name and Address of Party(ies) receiving an interest:

Name: Derma Sciences, Inc.  
Street Address: 214 Carnegie Center, #100  
City: Princeton  
State: NJ Zip: 98540

- Individual(s) citizenship
- Association
- General Partnership
- Limited Partnership
- Corporation-State of Pennsylvania
- Other

If assignee is not domiciled in the United States, a domestic representative designated is attached:  Yes  No  
(Designation must be a separate document from Assignment)

3. Nature of Conveyance:

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

Execution Date: December 28, 1999

06/28/2002 DBYRNE 00000023 1697316

01 FC:481 40.00 DP  
02 FC:482 50.00 DP

000746200  
06/28/2002 DBYRNE  
Name/Number: 1697316  
FC: 704 \$30.00 CR

TRADEMARK

REEL: 002535 FRAME: 0297

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

A. Trademark Application No.(s)

B. Trademark Registration No.(s):

1,697,316

2,055,255

2,055,256

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

Name: Thomas J. Nikolai, Esq.

NIKOLAI & MERSEREAU, P.A.

Street Address: 900 Second Avenue South, #820

City: Minneapolis State: MN Zip: 55402-3325

6. Number of applications and registrations involved: Three

7. Total Fee (37 CFR 3.41): \$120.00

X A check is enclosed.

8. The Commissioner is authorized to charge any fees or refund any overpayment under 37 CFR 2.6 which may be required by this paper to Deposit Account No. 08-1265.

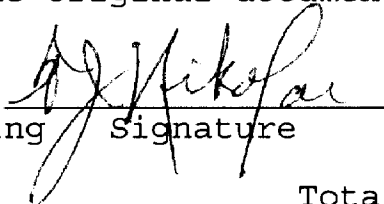
**DO NOT USE THIS SPACE**

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.

Thomas J. Nikolai

Name of Person Signing



Date: 5/31, 2002

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

5U-819

State of Minnesota

**SECRETARY OF STATE***Certificate of Merger*

*I, Mary Kiffmeyer, Secretary of State of Minnesota, certify that: the documents required to effectuate a merger between the entities listed below and designating the surviving entity have been filed in this office on the date noted on this certificate; and the qualification of any non-surviving entity to do business in Minnesota is terminated on the effective date of this merger.*

*Merger Filed Pursuant to Minnesota Statutes, Chapter: 302A*

*State of Formation and Names of Merging Entities:*

PA: DERMA SCIENCES, INC.

MN: GENETIC LABORATORIES WOUND CARE, INC.

*State of Formation and Name of Surviving Entity:*

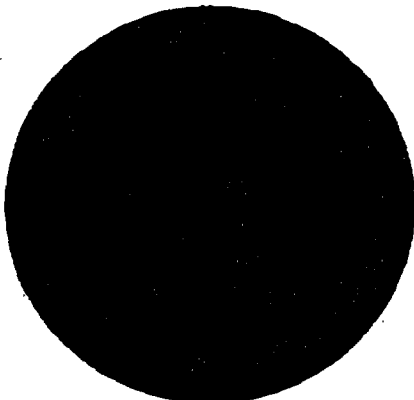
PA: DERMA SCIENCES, INC.

*Effective Date of Merger: December 28, 1999*

*Name of Surviving Entity After Effective Date of Merger:*

DERMA SCIENCES, INC.

*This certificate has been issued on: December 28, 1999.*



*Mary Kiffmeyer*  
Secretary of State.

TRADEMARK