



TO: The Commissioner of Patents and Trad

102164984

or copy(ies).

Submission Type

- New
- Resubmission (Non Recordation)
- Document ID#
- Correction of PTO Error
- Reel # Frame #
- Corrective Document
- Reel # Frame #

Conveyance Type

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

- License
- Nunc Pro Tunc Assignment

Effective Date
Month Day Year

12/31/1996

Conveying Party

Mark if additional names of conveying parties attached

Name **Corning Clinical Laboratories Inc.**
Formerly

Execution Date
Month Day Year

12/31/1996

- Individual
- General Partnership
- Limited Partnership
- Corporation
- Association
- Other
- Citizenship/State of Incorporation/Organization **Delaware**

Receiving Party

Mark if additional names of receiving parties attached

Name **Quest Diagnostics Incorporated**
DBA/AKA/TA
Composed of

Address (line 1) **One Malcolm Avenue**

Address (line 2)

Address (line 3) **Teterboro** **New Jersey** **07608**
City State/County Zip Code

- Individual
 - General Partnership
 - Limited Partnership
 - Corporation
 - Association
 - Other
 - Citizenship/State of Incorporation/Organization **Delaware**
- If document to be recorded is an assignment and the receiving party is not domiciled in the United States, an appointment of a domestic representative should be attached. (Designation must be a separate document from Assignment.)

07/22/2002 DBYRNE 00000128 1379686

FOR OFFICE USE ONLY

01 FC 481 40.00 DP
02 FC 482 75.00 DP

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Mail documents to be recorded with required cover sheet(s) information to:
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Domestic Representative Name and Address

Enter for the first Receiving Party only.

Name

Address (line 1)

Address (line 2)

Address (line 3)

Address (line 4)

Correspondent Name and Address

Area Code and Telephone Number **619-236-1441**

Name

Address (line 1)

Address (line 2)

Address (line 3)

Address (line 4)

Pages Enter the total number of pages of the attached conveyance document including any attachments.

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).

Trademark Application Number(s)

Registration Number(s)

1,379,686
1,303,269

1,303,270
1,301,043

Number of Properties

Enter the total number of properties involved.

Fee Amount Fee Amount for Properties Listed (37 CFR 3.41):

Method of Payment: Enclosed Deposit Account

Deposit Account

(enter for payment by deposit account or if additional fees can be charged to the account.)

Deposit Account Number:

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 account are authorized, as indicated herein.

Cheryl A. Withycombe
Name of Person Signing

Cheryl A. Withycombe
Signature

June 28, 2002
Date Signed

FORM PCT-1618A
Expires 6/30/99
OMB 0651-0027

U.S. Department of Commerce
Patent and Trademark Office
TRADEMARK

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 "QUEST 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.



Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

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AUTHENTICATION: 1170867

010268046

DATE: 06-05-01

RECORDED: 07/01/2002

**TRADEMARK
REEL: 2547 FRAME: 0523**