

FORM PTO-1594
(Rev. 6-93)RECORDATION FORM COVER SHEET
TRADEMARKS ONLYU.S. DEPARTMENT OF COMMERCE
Patent and Trademark Office

OMB No. 0651-0011 (exp. 4/94)

Tab settings

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

1. Name of conveying party(ies):

Autologous Wound Therapy, Inc., formerly known as Informatix Holdings, Inc.

- ☐ Individual(s) ☐ Association
☐ General Partnership ☐ Limited Partnership
☒ Corporation-State of Delaware
☐ Other _____

Additional name(s) of conveying party(ies) attached? ☐ Yes ☒ No

3. Nature of conveyance:

- ☐ Assignment ☐ Merger
☐ Security Agreement ☒ Change of Name
☐ Other _____

Execution Date: _____

2. Name and address of receiving party(ies):

Name: Cytomedix, Inc.

Street Address: Three Parkway North

City: Deerfield State: IL ZIP: 60015

☐ Individual(s) citizenship _____

- ☐ Association _____
☐ General Partnership _____
☐ Limited Partnership _____
☒ Corporation State of Delaware
☐ 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) & addresses attached? ☐ Yes ☒ No

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

A. Trademark Application No.(s)

B. Trademark Registration No.(s)

2,339,938 2,599,946

Additional numbers attached? ☐ Yes ☒ No

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

Name: John M. Kim, Esq.

Street Address: 4365 Executive Drive, Suite 1100,
San Diego, CA 92121-2133

Internal Address: _____

City: _____ State: _____ ZIP: _____

6. Total number of applications and registrations involved:.....

2

7. Total fee (37 CFR 3.41) \$65.00

- ☐ Enclosed
☒ Authorized to be charged to deposit account

8. Deposit account number: 07-1895

(Attach duplicate copy of this page if paying by deposit account)

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.

John M. Kim, Esq.

Name of Person Signing

Signature

Date

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

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

TRADEMARK

700018887

REEL: 2563 FRAME: 0092

DIVISION OF CORPORATIONS
FILED 10:00 AM 03/30/2000
001161654 - 2890868

**CERTIFICATE OF AMENDMENT
TO
CERTIFICATE OF INCORPORATION
OF
AUTOLOGOUS WOUND THERAPY, INC.**

Under Section 242
of the General Corporation Law
of the State of Delaware

Autologous Wound Therapy, Inc., a Delaware corporation (the "Company"), formerly known as Informatix Holdings, Inc., hereby certifies as follows:

FIRST, Article 1 of the Certificate of Incorporation is amended to read in its entirety as follows:

1. The name of the Corporation is Cytomedix, Inc.

SECOND, this Certificate has been duly adopted in accordance with the provisions of Section 242 of the General Corporation Law of the State of Delaware.

IN WITNESS WHEREOF, Autologous Wound Therapy, Inc., has caused this Certificate to be signed by William L. Brown, its Secretary, this 27th day of March, 2000.

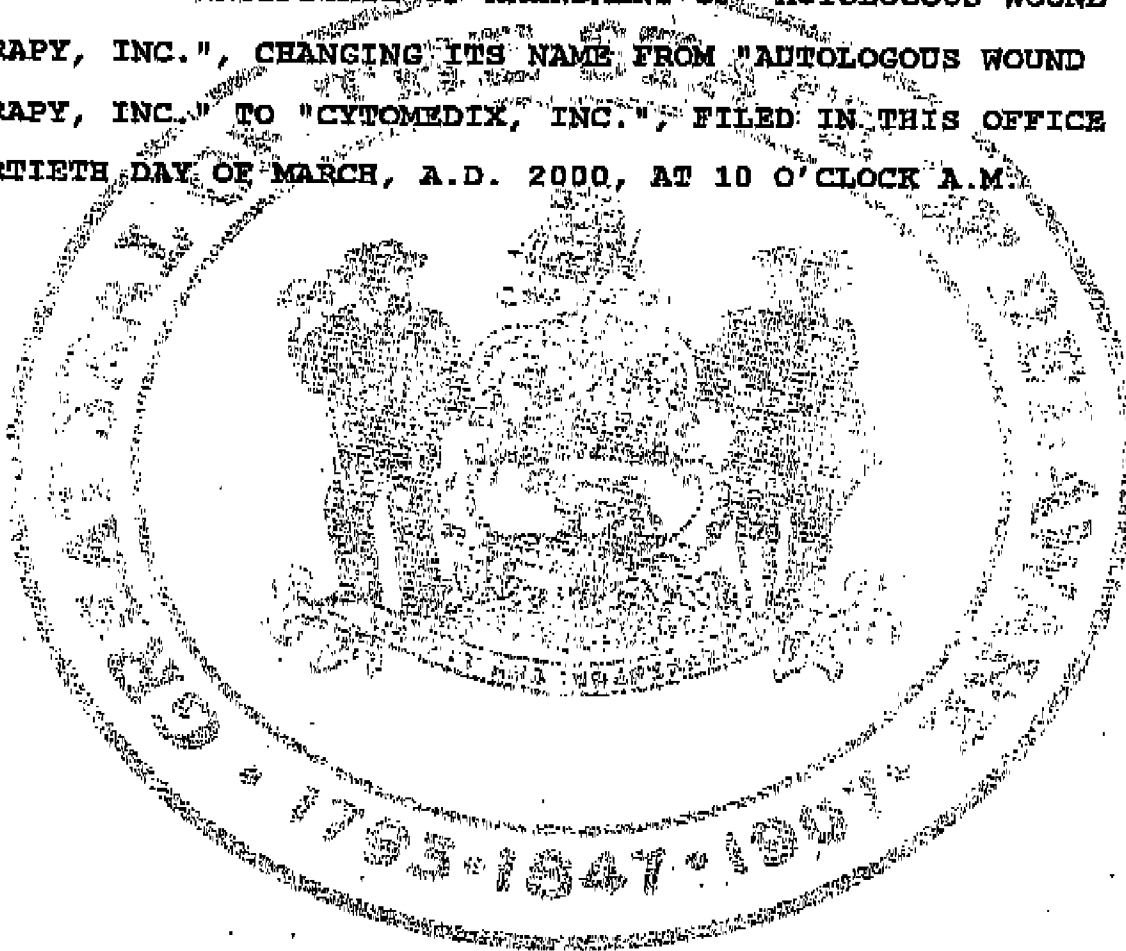
AUTOLOGOUS WOUND THERAPY, INC.

By: William L. Brown
William L. Brown, Secretary

State of Delaware
Office of the Secretary of State

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I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF AMENDMENT OF "AUTOLOGOUS WOUND THERAPY, INC.", CHANGING ITS NAME FROM "AUTOLOGOUS WOUND THERAPY, INC." TO "CYTOMEDIX, INC.", FILED IN THIS OFFICE ON THE THIRTIETH DAY OF MARCH, A.D. 2000, AT 10 O'CLOCK A.M.



Edward J. Freel
Edward J. Freel, Secretary of State

AUTHENTICATION: 0655408

2890868 8100

001430250

RECORDED: 10/18/2002

DATE: 07/18/2001

REEL: 2563 FRAME: 0094