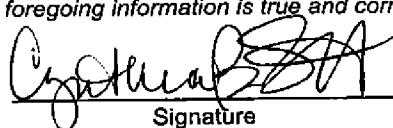


Form PTO-1594 (Rev. 03/01) OMB No. 0651-0027 (exp. 5/31/2002) Tab settings ⇌ ⇌ ⇌	<b>RECORDATION FORM COVER SHEET</b> <b>TRADEMARKS ONLY</b>	U.S. DEPARTMENT OF COMMERCE U.S. Patent and Trademark Office
To the Honorable Commissioner of Patents and Trademarks: Please record the attached original documents or copy thereof.		
<b>1. Name of conveying party(ies):</b> <u>Pharmacia &amp; Upjohn AB</u>  <input type="checkbox"/> Individual(s) <input type="checkbox"/> Association <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership <input checked="" type="checkbox"/> Corporation - <u>State</u> <u>Sweden</u> <input type="checkbox"/> Other _____  Additional name(s) of conveying party(ies) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>2. Name and address of receiving party(ies)</b> Name: <u>Pharmacia AB</u> Internal Address: _____ Street Address: <u>100 Lindhagensgatan 100</u> City: <u>Stockholm</u> <u>State</u> <u>SWEDEN</u> <u>SE</u> <u>11287</u> Zip: _____  <input type="checkbox"/> Individual(s) citizenship _____ <input type="checkbox"/> Association _____ <input type="checkbox"/> General Partnership _____ <input type="checkbox"/> Limited Partnership _____ <input checked="" type="checkbox"/> Corporation - <u>State</u> <u>SWEDEN</u> <input type="checkbox"/> Other _____ <small>If assignee is not domiciled in the United States, a domestic representative designation is attached: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No          (Designations must be a separate document from assignment)          Additional name(s) &amp; address(es) attached? <input type="checkbox"/> Yes <input type="checkbox"/> No</small>	
<b>3. Nature of conveyance:</b> <input type="checkbox"/> Assignment <input type="checkbox"/> Merger <input type="checkbox"/> Security Agreement <input checked="" type="checkbox"/> Change of Name <input type="checkbox"/> Other _____ Execution Date: <u>September 28, 2000</u>	<b>4. Application number(s) or registration number(s):</b> A. Trademark Application No.(s) _____ B. Trademark Registration No.(s) <u>2,009,395</u>  Additional number(s) attached <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>5. Name and address of party to whom correspondence concerning document should be mailed:</b> Name: <u>Cynthia B. Summerfield, Esq.</u> Internal Address: <u>Pharmacia Corporation</u>  Street Address: <u>100 Route 206 South</u>  City: <u>Peapack</u> State: <u>NJ</u> Zip: <u>07977</u>	<b>6. Total number of applications and registrations involved:</b> ..... <span style="border: 1px solid black; padding: 2px;">1</span>  <b>7. Total fee (37 CFR 3.41).....\$</b> <u>40.00</u> <input type="checkbox"/> Enclosed <input checked="" type="checkbox"/> Authorized to be charged to deposit account  <b>8. Deposit account number:</b> <u>500400</u> <small>(Attach duplicate copy of this page if paying by deposit account)</small>	
<b>DO NOT USE THIS SPACE</b>		
<b>9. Statement and signature.</b> <i>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.</i>  <u>Cynthia B. Summerfield</u>  <u>November 20, 2002</u> Name of Person Signing      Signature      Date <small>Total number of pages including cover sheet, attachments, and document: <span style="border: 1px solid black; padding: 2px;">4</span></small>		

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

FAX NO. 908-901-6099

700020375

**TRADEMARK**  
 REEL: 002577 FRAME: 0693

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re : Trademark Application of :
: Pharmacia AB :
Reg. No. : 2009395 :
Reg. Date: : October 22, 1996 :
Mark : FRAGMIN and Design :

REVOCATION AND APPOINTMENT OF DOMESTIC REPRESENTATIVE

The undersigned, being the owner of the above-identified trademark application, hereby revokes the prior Appointment of Domestic Representative with respect to this application. The Registrant appoints Cynthia B. Summerfield of Pharmacia Corporation as its domestic representative, upon whom notices or process in proceedings affecting the marks may be served. Please direct all correspondence regarding this trademark to the following address:

Cynthia B. Summerfield, Esq.
Pharmacia Corporation
100 Route 206 North
Peapack, New Jersey 07977
Phone: 908-901-6308
Fax: 908-901-6099

PHARMACIA AB

Date: July 23, 2002

By: [Signature]
Name: Gunnel Nilsson
Title: Director & Head Global Trademark Center

**PRV**

PATENT- OCH REGISTRERINGSVERKET

**Registration number:** 556131-9608  
**Date of registration:** 30<sup>th</sup> December, 1969  
**Company name:** Pharmacia Aktiebolag  
**Address:** 112 87 STOCKHOLM



I hereby certify that the records kept by this office, the Companies Department of the Patent and Registration Office, Sweden, show the following changes in the name of the above company from 1<sup>st</sup> July, 1996, and onwards:

<u>Date of registration</u>	<u>Company name</u>
1996-07-01	Pharmacia & Upjohn Aktiebolag
2000-09-28	Pharmacia Aktiebolag

the latter being the present name of the company.

Sundsvall, 17<sup>th</sup> October, 2000  
 Ex officio

*Gunn Lahti*  
 Gunn Lahti



A true copy of the original  
 produced to me

Stockholm, March 13, 2001

*[Signature]*  
 Notary Public



**Bolagsavdelningen**

851 81 Sundsvall

Besöksadress  
 Bachhusparken

Postgiro 95 06 08 - 0  
 Bankgiro 5050 - 0255

Telefon 060 - 18 40 00  
 FAKS 060 - 18 40 07

**TRADEMARK**

**RECORDED: 11/20/2002**

**REEL: 002577 FRAME: 0695**