

09-20-2002



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FORM PTO-1594

(Rev. 3/01)

RECOF

102228762 COVER SHEET

U.S. DEPARTMENT OF COMMERCE

U.S. Patent and Trademark Office

OMB No. 0651-0027 (exp. 5/31/2002)

## TRADEMARKS ONLY

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

1. Name of conveying party(ies):

American Medical Systems International, Inc.

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

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

08-19-02

3. Nature of conveyance:

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

Effective Date: December 13, 2001

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

Name: AMS Research Corporation

Internal Address:

Street Address: 10700 Bren Road West

City: Minnetonka State: MN ZIP: 55343

- ☐ 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) of conveying party(ies) attached? ☐ Yes ☒ No

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

A. Trademark Application No(s).

B. Trademark Registration No(s).

2,154,268 IN-TAC  
 2,164,464 INFLUENCE  
 2,201,449 INFLUENCE  
 2,240,568 TRIANGLE  
 2,240,997 IN-PROBE

Additional numbers attached? ☐ Yes ☒ No

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

Barbara J. Grahn, Esq.  
 Oppenheimer Wolff & Donnelly LLP  
 Suite 3300  
 45 South Seventh Street  
 Minneapolis, MN 55402-1609  
 (File: 687/200)

6. Total number of applications and registrations involved: -5-

7. Total Fee (37 CFR 3.41) ..... \$140.00

- ☐ Enclosed  
☒ Authorized to be charged to Deposit Account.  
☒ Authorized to charge any underpayment or credit any overpayment to Deposit Account.

8. Deposit account number:

50-1901

(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.

Barbara J. Grahn  
 Name of Person Signing

Signature

August 13, 2002  
 Date

Total number of pages including cover sheet, attachments, and document: -2- (cover sheet &amp; postcard)

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

09/19/2002 6TON11 00000197 501901 2154268

01 FC:481 40.00 CH  
 02 FC:482 100.00 CH

TC2: 596565 v01 08/13/2002

TRADEMARK  
 REEL: 002586 FRAME: 0063

Ja

SUPPORTING DOCUMENTATION FOR TRADEMARK  
CHANGE OF NAME DOCUMENTS IS

NO LONGER REQUIRED

UNDER THE

TRADEMARK LAW TREATY ACT

EFFECTIVE

OCTOBER 30, 1999