

10-04-2002

ocket Nos.: 2213 U.S. Trademark cases

RECO



HEET

To the Commissioner, United States Pat

102241738

hed original documents or copy thereof.

1. Name of conveying party(ies)
 AquaBio Products Sciences, LLC

10-1-02

Individual(s) Association
 General Partnership Limited Partnership
 Corporation - State
 Other Limited Liability Company

2. Name and address of receiving party(ies)
 Name: MariCal, LLC.
 Internal Address: _____
 Street Address: 400 Commercial Street

 City: Portland State: Maine ZIP: 04101

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

Association _____
 Individual(s) citizenship _____
 Association _____
 General Partnership _____
 Limited Partnership _____
 Corporation-State _____
 Other Limited Liability Company

3. Nature of conveyance:
 Assignment Merger
 Security Agreement Change of Name
 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) & address(es) attached? Yes No

Execution Date: 11/13/01

4. Application number(s) or registration number(s):
 A. Trademark Application No.(s)
76/173,332
76/275,768

B. Trademark Registration No.(s)

RECEIVED
 NOV 14 7:40 AM '02
 RECORDED

Additional numbers attached? Yes No

5. Name and address of party to whom correspondence concerning document should be mailed:
 Name: John L. DuPré
 Internal Address: _____
Hamilton, Brook, Smith & Reynolds, P.C.

 Street Address: 530 Virginia Road
P.O. Box 9133
 City: Concord State: MA ZIP: 01742-9133

6. Total number of applications and registrations involved: [2]
 7. Total Fee (37 C.F.R. 3.41)..... \$ 65
 Enclosed
 Authorized to charge any deficiencies or credit any overpayment to deposit account
 Authorized to be charged to deposit account
 8. Deposit account number:
08-0380
 (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.

Antoinette G. Giugliano
 Name of Person Signing

Antoinette G. Giugliano 9/27/02
 Signature Date

10/04/2002 DAYRNE 00000101 76173332

01 FC:481 02 FC:482 Total number of pages including cover sheet, attachments, and document: [3]

DOMESTIC
LIMITED LIABILITY COMPANY

STATE OF MAINE

ARTICLES OF AMENDMENT

AquaBio Products Sciences,
Limited Liability Company

(Name of Limited Liability Company)

File No. 1996024500 Pages 2
Fee Paid \$ 35
OCN 2013201500001 LNME
-----FILED-----
11/16/2001


Deputy Secretary of State

A True Copy When Attested By Signature


Deputy Secretary of State

Pursuant to 31 MRSA §623, the undersigned limited liability company executes and delivers for filing these articles of amendment:

FIRST: The name of the limited liability company has been changed to (if no change, so indicate)

MariCal, LLC

(The name must contain one of the following: "Limited Liability Company", "L.L.C." or "LLC": §603.1.A.)

SECOND: The management of the limited liability company has been changed (if no change, so indicate no change). If changed, "X" one box only.

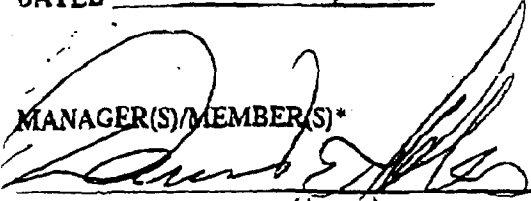
- A. The management of the company is vested in a member or members.
- B. The management of the company is vested in a manager or managers. The minimum number shall be _____ managers and the maximum number shall be _____ managers.

THIRD: Other amendments to the articles, if any, that the members determine to adopt are set forth in Exhibit ____ attached hereto and made a part hereof.

(signatures required on back of form)

TRADEMARK
REEL: 002593 FRAME: 0067

DATE: November 13, 2001

MANAGER(S)/MEMBER(S)*


(signature)

David E. Hughes, Manager

(type or print name and capacity)

(signature)

(type or print name and capacity)

(signature)

(type or print name and capacity)

For Manager(s)/Member(s) which are Entities

Name of Entity _____

By _____
(authorized signature)

(type or print name and capacity)

Name of Entity _____

By _____
(authorized signature)

(type or print name and capacity)

Name of Entity _____

By _____
(authorized signature)

(type or print name and capacity)

***Articles MUST be signed by**

- (1) at least one manager OR
- (2) at least one member if the limited liability company is managed by the members OR
- (3) any duly authorized person.

the execution of this certificate constitutes an oath or affirmation under the penalties of false swearing under Title 17-A, section 453.

SUBMIT COMPLETED FORMS TO: CORPORATE EXAMINING SECTION, SECRETARY OF STATE,
101 STATE HOUSE STATION, AUGUSTA, ME 04333-0101

FORM NO. MLLC-9 Rev. 4/16/2001

TEL. (207) 624-7740

RECORDED: 10/01/2002

TRADEMARK
REEL: 002593 FRAME: 0068