Form PTO-1594 RECORDATION FORM COVER SHEET U.S. DEPARTMENT OF COMMERCE (Rev. 03/01) OMB No. 0651-0027 (exp. 5/31/2002) RECORDATION FORM COVER SHEET U.S. DEPARTMENT OF COMMERCE U.S. Patent and Trademark Office	
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):	Name and address of receiving party(ies)
Pharmacia & Upjohn Aktiebolag	Name: <u>Pharmacia Aktieholag</u> Internal Address:
Individual(s) 🚨 Association	Street Address: Lindhagensgatan 100
☐ General Partnership ☐ Limited Partnership ☐ Corporation-3 tats Sweden	Street Address: Billdhagensgaran 100 112 87 Stockholm, SWEDEN State: Zip:
Other	Individual(s) dttzenshlp
	Association
Additional name(s) of conveying party(ies) attached? The Yes	General Partnership
3. Nature of conveyance:	☐r Limited Partnership
📮 Aşşignment 🔲 Merger	Corporation-States SWEDEN
Security Agreement 🕍 Change of Name	Other
Other	If assignee is not domiciled in the United States, a domestic representative designation is attached:
Execution Date: September 28, 2000	(Designations must be a separate document from assignment) Additional name(s) & address(es) attached? Yes No
4. Application number(s) or registration number(s):	
A. Trademark Application No.(s)	B. Trademark Registration No.(s)
4,	2,033,472
Additional number(s) attached 📮 Yes 🐹 No	
5. Name and address of party to whom correspondence	6. Total number of applications and
concerning document should be mailed:	registrations involved:
Name: Cynthia B. Summerfield, Esq.	
Internal Address: Pharmacia Corporation	7. Total fee (37 CFR 3.41)\$40 - 00
	☐ Enclosed
	Authorized to be charged to deposit account
Street Address: 100 Route 206 North	8. Deposit account number:
Street Address: 100 Route 206 North	500400
	
City: <u>Peapack</u> State: <u>NJ</u> Zip: <u>07977</u>	(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.	
Cynthia B. Summerfield — January 20, 2003	
Name of Person Signing C Signature Date Total number of pages including cover sheat, attachments, and document:	

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

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Registrant: : Pharmacia AB

-

Reg. No. : 2,033,472

:

: January 28, 1997

Reg. Dt.

Mark GENOTROPIN PEN

REVOCATION AND APPOINTMENT OF DOMESTIC REPRESENTATIVE

Pharmacia AB, owner of the above-identified trademark registration, hereby revokes all powers of attorney previously granted in this registration and appoints the following attorney to act as principal attorney with power to appoint associate attorneys, to prosecute this registration, to transact all business in the United States Patent & Trademark Office in connection therewith. Please direct all correspondence regarding this registration to the following address:

Cynthia B. Summerfield
Pharmacia & Upjohn Company
100 Route 206 North
Peapack, New Jersey 07977
908-901-6308
908-901-6099 (fax)

Pharmacia_AB

Date: 8 January 2003_

Name: Gunnel Nilsson

Title: Senior Trademark Counsel

PHL_A #1553265 v1

TRADEMARK REEL: 002598 FRAME: 0047



COPY

Registration number:

556131-9608

Date of registration:

30th 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 1st July, 1996, and onwards:

Date of

registration

Company name

1996-07-01

Pharmacia & Upjohn Aktiebolag

2000-09-28

Pharmacia Aktiebolag

the latter being the present name of the company.

Sundsvall, 17th October, 2000

Ex officio

Comm I - bas



A true copy of the original

produced to me

Stockhadm / September 5, 2002

Notary Public

Bolagsavdelningen

851 81 Sundsvall

Besöksadress Badhusparken

Postgiro 95 06 08 - 0 Bankgiro 5050 - 0255 Telefon 060 - 18 40 00 Telefax 060 - 12 64 77

TRADEMARK REEL: 002598 FRAME: 0048

RECORDED: 01/20/2003