

Form PTO-1594 (Rev. 03/01) OMB No. 0651-0027 (exp. 5/31/2002) Tab settings ⇨⇨⇨ ▼ ▼ ▼ ▼ ▼ ▼ ▼	RECORDATION FORM COVER SHEET TRADEMARKS ONLY	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.		
1. Name of conveying party(ies): <u>Pharmacia & Upjohn Aktiebolag</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 Sweden</u> <input type="checkbox"/> Other _____ Additional name(s) of conveying party(ies) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	2. Name and address of receiving party(ies) Name: <u>Pharmacia Aktiebolag</u> Internal _____ Address: _____ Street Address: <u>100 Lindhagensgatan 100</u> <u>112 87</u> City: <u>Stockholm</u> State <u>Sweden</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 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) & address(es) attached? <input type="checkbox"/> Yes <input type="checkbox"/> No</small>	
3. Nature of conveyance: <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>July 1, 1996</u>	4. Application number(s) or registration number(s): A. Trademark Application No.(s) _____ B. Trademark Registration No.(s) <u>2,209,930</u> Additional number(s) attached <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
5. Name and address of party to whom correspondence concerning document should be mailed: Name: <u>Cynthia B. Summerfield</u> Internal Address: <u>Pharmacia Corporation</u> _____ Street Address: <u>100 Route 206 North</u> _____ City: <u>Peapack</u> State: <u>NJ</u> Zip: <u>07977</u>	6. Total number of applications and registrations involved: 16 7. Total fee (37 CFR 3.41)..... <u>\$ 415</u> <input type="checkbox"/> Enclosed <input checked="" type="checkbox"/> Authorized to be charged to deposit account 8. Deposit account number: <u>500400</u> (Attach duplicate copy of this page if paying by deposit account)	
DO NOT USE THIS SPACE		
9. Statement and signature. <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>February 6, 2003</u> Name of Person Signing Signature Date <small>Total number of pages including cover sheet, attachments, and document: 5</small>		

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

I hereby certify that this correspondence is being transmitted by facsimile to the United States Patent and Trademark Office, Assignment Division on the date shown below to facsimile (703) 306-5995

Geoff R. Kuzmiskas
 700026780 Kuzmiskas

Date: Feb 6, 2003 TRADEMARK

REEL: 2606 FRAME: 0293

IN THE UNITED STATES PATENT AND
TRADEMARK OFFICE

In Re Registrations of:)
Pharmacia AB)
)
Mark/Reg. Nos.:)
See Attachment A)

Commissioner for Trademarks
United States Patent and Trademark Office
2900 Crystal Drive
Arlington, Virginia 22202-3513

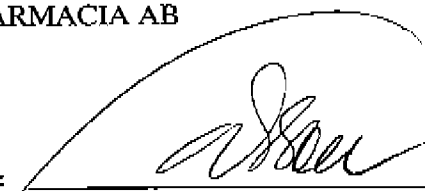
**REVOCATION AND
APPOINTMENT OF DOMESTIC REPRESENTATIVE**

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: 24 January 2003

By: 
Name: Gunnel Nilsson
Title: Senior Trademark Counsel

ATTACHMENT A

<u>Trademark</u>	<u>Registration No</u>
CYKLO-F	2,209,930
CYKLO-Q	2,209,931
ESTRING	2,086,164
FTSQ	2,503,368
GENOTROPIN	2,041,062
GENOTROPIN MIXER	2,283,489
HEALON G.V.	1,812,655
INTRA-MIX	2,422,727
KIGS	2,138,534
KIMS	2,215,721
LINOMIDE	2,067,413
MICROLAX	2,110,726
NICOTROL	1,733,922
PHARMACIA	1,277,927
PHARMACIA	1,025,527
PHARMACIA	1,025,528

PRV

PATENT- OCH REGISTRERINGSVERKET

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:

<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, 17th October, 2000
 Ex officio

Gunn Lahti
 Gunn Lahti



**A true copy of the original
 produced to me
 Stockholm**, September 5, 2002

Notary Public



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RECORDED: 02/06/2003

**TRADEMARK
 REEL: 2606 FRAME: 0296**