

10-30-2002



102265771

September 25, 2002

RECORDATION FORM COVER SHEET

TRADEMARKS ONLY

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OUR FILE NO. 960302

BOX ASSIGNMENTS/FEE  
Assistant Commissioner for Trademarks  
2900 Crystal Drive  
Arlington, Virginia 22202-3513

9-30-02

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

1. Name of Party(ies) conveying an interest:  
Genetic Laboratories Wound Care, Inc.

\_\_\_\_ Individual(s) \_\_\_\_\_ Association  
\_\_\_\_ General Partnership \_\_\_\_\_ Limited Partnership  
X Corporation-State of Minnesota  
Other \_\_\_\_\_

2. Name and Address of Party(ies) receiving an interest:  
Name: Derma Sciences, Inc.  
Street Address: 214 Carnegie Center, #100  
City: Princeton  
State: NJ Zip: 08540

\_\_\_\_ Individual(s) citizenship \_\_\_\_\_  
\_\_\_\_ Association \_\_\_\_\_  
\_\_\_\_ General Partnership \_\_\_\_\_  
\_\_\_\_ Limited Partnership \_\_\_\_\_  
X Corporation-State of New Jersey  
\_\_\_\_ Other \_\_\_\_\_

If assignee is not domiciled in the United States, a domestic representative designated is attached: \_\_\_\_ Yes \_\_\_\_ No  
(Designation must be a separate document from Assignment)

3. Nature of Conveyance:  
\_\_\_\_ Assignment \_\_\_\_\_ X Merger  
\_\_\_\_ Security Agreement \_\_\_\_\_ Change of Name  
\_\_\_\_ Other \_\_\_\_\_

Execution Date: December 28, 1999

10/29/2002 6TOM11 00000105 2077308

01 FC:4521 40.00 DP

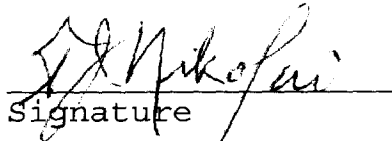
12

4. Application number(s) or registration number(s):
  - A. Trademark Application No.(s)
  - B. Trademark Registration No.(s)  
2,077,308
5. Name and address of party of whom correspondence concerning document should be mailed:  
Name: Thomas J. Nikolai, Esq.  
NIKOLAI & MERSEREAU, P.A.  
Street Address: 900 Second Avenue South, #820  
City: Minneapolis State: MN Zip: 55402-3325
6. Number of applications and registrations involved: One
7. Total Fee (37 CFR 3.41): \$40.00  
X A check is enclosed.
8. The Commissioner is authorized to charge any fees or refund any overpayment under 37 CFR 2.6 which may be required by this paper to Deposit Account No. 08-1265.

**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.

Thomas J. Nikolai  
Name of Person Signing

  
Signature

Date: 09/25/02

Total number of pages including  
cover sheet, attachments and document: 3

State of Minnesota

**SECRETARY OF STATE**

*Certificate of Merger*

*I, Mary Kiffmeyer, Secretary of State of Minnesota, certify that: the documents required to effectuate a merger between the entities listed below and designating the surviving entity have been filed in this office on the date noted on this certificate; and the qualification of any non-surviving entity to do business in Minnesota is terminated on the effective date of this merger.*

*Merger Filed Pursuant to Minnesota Statutes, Chapter: 302A*

*State of Formation and Names of Merging Entities:*

**PA: DERMA SCIENCES, INC.**

**MN: GENETIC LABORATORIES WOUND CARE, INC.**

*State of Formation and Name of Surviving Entity:*

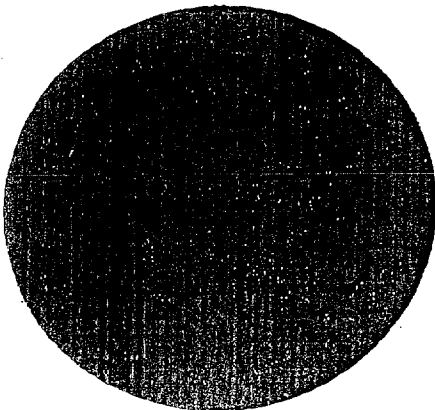
**PA: DERMA SCIENCES, INC.**

*Effective Date of Merger: December 28, 1999*

*Name of Surviving Entity After Effective Date of Merger:*

**DERMA SCIENCES, INC.**

*This certificate has been issued on: December 28, 1999.*



*Mary Kiffmeyer*  
Secretary of State.

TRADEMARK