

Form PTO-1594 (Rev. 03/01) OMB No. 0651-0027 (exp. 5/31/2002) Tab settings $\Rightarrow \Rightarrow \Rightarrow$

RECORDATION FORM COVER SHEET
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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.

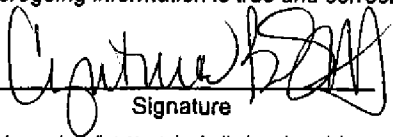
<p>1. Name of conveying party(ies): <u>Pharmacia & Upjohn Aktiebolag</u></p> <p><input type="checkbox"/> Individual(s) <input type="checkbox"/> Association <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership <input checked="" type="checkbox"/> Corporation-State <u>Sweden</u> <input type="checkbox"/> Other _____</p> <p>Additional name(s) of conveying party(ies) attached? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>2. Name and address of receiving party(ies) Name: <u>Pharmacia Aktiebolag</u> Internal Address: _____ Address: _____</p> <p>Street Address: <u>Lindhagensgatan 100</u> City: <u>Stockholm</u> State: <u>SWEDEN</u> Zip: <u>112 87</u></p> <p><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-State <u>Sweden</u> <input type="checkbox"/> Other _____</p> <p><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></p>
<p>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 _____</p> <p>Execution Date: <u>September 28, 2000</u></p>	

<p>4. Application number(s) or registration number(s): A. Trademark Application No.(s) B. Trademark Registration No.(s) <u>2,118,188</u></p> <p style="text-align: center;">Additional number(s) attached <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	
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<p>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></p>	<p>6. Total number of applications and registrations involved: 1</p> <p>7. Total fee (37 CFR 3.41).....\$ <u>40.00</u> <input type="checkbox"/> Enclosed <input checked="" type="checkbox"/> Authorized to be charged to deposit account</p> <p>8. Deposit account number: <u>500400</u></p> <p style="text-align: center;"><small>(Attach duplicate copy of this page if paying by deposit account)</small></p>
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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  April 3, 2003
Name of Person Signing Signature Date

Total number of pages including cover sheet, attachments, and document: 4

Mail documents to be recorded with required cover sheet information to:
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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

7000 27420 

Date: April 4, 2003 **TRADEMARK REEL: 2683 FRAME: 0681**

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 November 21, 2000**

[Signature]
 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: 2633 FRAME: 0682

IN THE UNITED STATES PATENT AND
TRADEMARK OFFICE

Registrant: : Pharmacia AB
: :
Reg. No. : 2,118,188 : :
: :
Reg. Dt. : December 2, 1997 : :
: :
Mark : XALATAN : :

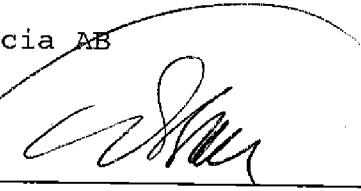
**REVOCAION AND
APPOINTMENT OF DOMESTIC REPRESENTATIVE**

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 March 2003

By: 
Name: Gunnel Nilsson
Title: Senior Trademark Counsel

Form PTO-1594
(Rev. 03/01)
OMB No. 0651-0027 (exp. 5/31/2002)

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1. Name of conveying party(ies):

Pharmacia & Upjohn Aktiebolag

- Individual(s)
- Association
- General Partnership
- Limited Partnership
- Corporation-~~State~~ Sweden
- Other _____

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

3. Nature of conveyance:

- Assignment
- Merger
- Security Agreement
- Change of Name
- Other _____

Execution Date: September 28, 2000

2. Name and address of receiving party(ies)

Name: Pharmacia Aktiebolag

Internal Address: _____
Address: _____

Street Address: Lindhagensgatan 100

City: Stockholm State: SWEDEN Zip: 112 87

Individual(s) citizenship _____

Association _____

General Partnership _____

Limited Partnership _____

Corporation-~~State~~ Sweden

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

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

A. Trademark Application No.(s)

B. Trademark Registration No.(s)

2,118,188

Additional number(s) attached Yes No

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

Name: Cynthia B. Summerfield

Internal Address: Pharmacia Corporation

Street Address: 100 Route 206 North

City: Peapack State: NJ Zip: 07977

6. Total number of applications and registrations involved: _____

1

7. Total fee (37 CFR 3.41).....\$ 40.00

- Enclosed
- Authorized to be charged to deposit account

8. Deposit account number:

500400

(Attach duplicate copy of this page if paying by deposit account)

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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
Name of Person Signing

[Signature]
Signature

April 3, 2003
Date

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