

RECORDATION FORM COVER SHEET TRADEMARKS ONLY		U.S. DEPARTMENT OF COMMERCE U.S. Patent and Trademark Office
Form PTO-1594 (Rev. 10/02) OMB No. 0651-0027 (exp. 6/30/2005) Tab settings $\Rightarrow \Rightarrow \Rightarrow$		
To the Honorable Commissioner of Patents and Trademarks: Please record the attached original documents or copy thereof.		
1. Name of conveying party(ies): <u>Organon Inc.</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-State <u>New Jersey</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>Organon USA Inc.</u> Internal Address: _____ Street Address: <u>375 Mt. Pleasant Avenue</u> City: <u>West Orange</u> State: <u>NJ</u> Zip: <u>07052</u> <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>New Jersey</u> <input type="checkbox"/> Other _____ <small>If assignee is not domiciled in the United States, a domestic representative designation is attached: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Designations must be a separate document from assignment) Additional name(s) & address(es) attached? <input type="checkbox"/> Yes <input checked="" 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>February 6, 2003</u>		
4. Application number(s) or registration number(s): A. Trademark Application No.(s) B. Trademark Registration No.(s) <u>991089</u> Additional number(s) attached <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
5. Name and address of party to whom correspondence concerning document should be mailed: Name: <u>Stacy Lyons</u> <u>Senior Legal Assistant</u> Internal Address: _____ <u>ARENT FOX KINTNER PLOTKIN & KAHN, PLLC</u> Street Address: _____ <u>1050 Connecticut Avenue, N.W.</u> City: <u>Washington</u> State: <u>D.C.</u> Zip: <u>20036</u>	6. Total number of applications and registrations involved: 1	
	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	
	8. Deposit account number: <u>01-2300</u> <small>(Attach duplicate copy of this page if paying by deposit account)</small>	
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>Stacy Lyons</u> <u><i>Stacy Lyons</i></u> <u>5-19-03</u> Name of Person Signing Signature Date <small>Total number of pages including cover sheet, attachments, and document: 2</small>		

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



Stacy Lyons
Senior Legal Assistant
Phone 202/857-6218
Fax 202/857-6395
lyonss@arentfox.com
www.arentfox.com

FACSIMILE TRANSMITTAL COVER SHEET

Date/Time: **May 19, 2003**

No. of Pages: **3**
(Including Cover Sheet)

PLEASE DELIVER TO:

Name:	Fax Number:	Verify Number:
Assignment Division	703-306-5995	703-308-9723

Attn: Ms. Sandra Ballenger

Attorney Number: 1179 Client-Matter Number: #009481-00000

Hard Copy Sent: No

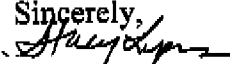
Comments:

Re: Document ID No. 700030835

Dear Ms. Ballenger:

As you requested, enclosed please find a corrected recordation form cover sheet to record the name change of Organon Inc. to Organon USA Inc. for Reg. No. 991089.

If there are any questions, please contact me.

Sincerely,

Stacy Lyons
Senior Legal Assistant

THIS FACSIMILE CONTAINS PRIVILEGED AND CONFIDENTIAL INFORMATION INTENDED ONLY FOR THE USE OF THE ADDRESSEE(S) NAMED ABOVE. IF YOU ARE NOT THE INTENDED RECIPIENT OF THIS FACSIMILE, OR THE EMPLOYEE OR AGENT RESPONSIBLE FOR DELIVERING IT TO THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY DISSEMINATION OR COPYING OF THIS FACSIMILE IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS FACSIMILE IN ERROR, PLEASE IMMEDIATELY NOTIFY US BY TELEPHONE AND RETURN THE ORIGINAL FACSIMILE TO US AT THE ADDRESS BELOW VIA THE POSTAL SERVICE. THANK YOU.

Please Call Our Fax Operator As Soon As Possible If Transmission Is Not Complete:
202/857-6119

Arent Fox Kintner Plotkin & Kahn, PLLC
1050 Connecticut Avenue, NW, Washington, D.C. 20036-5339