

RECORDA
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04-11-2003

4/11/03



documents or copy thereof.

102416785

TO THE ASSISTANT COMMISSIONER OF PATENTS AND TR

1. Name of conveying party: (If multiple assignors, list numerically)

Intratherapeutics, Inc.

- Individual
- Association
- General Partnership
- Limited Partnership
- Corporation - State of Minnesota
- Other:

Additional name(s) of conveying party(ies) attached?

Yes No

2. Name and address or receiving party:

Name: Sulzer IntraTherapeutics Inc.

Internal Address:

Street Address: 651 Campus Drive

City: Saint Paul State: MN ZIP: 55112

4-11-03

- Individual
- Association
- General Partnership
- Limited Partnership
- Corporation - State of Minnesota
- 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) and address(es) attached?

Yes No

3. Nature of conveyance:

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

Execution Date. (If multiple assignors, list execution dates in numerical order corresponding to numbers indicated in 1 above) February 1, 2001

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

- a. Trademark Application No(s): 76/112,677 and 76/112,676
- b. Trademark Registration No(s): 2621622; 2286326; 2441480; 2618571;

Additional numbers attached? Yes No

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

Name: Steven J. Nataupsky, Esq.
KNOBBE, MARTENS, OLSON & BEAR, LLP
Customer No. 20,995

Internal Address: Fourteenth Floor
Street Address: 2040 Main Street
City: Irvine State: CA ZIP: 92614
Attorney's Docket No.:

EV3PER.001T/002T/004T/005T/007T/008T

7. Total fee (37 CFR 1.21(h)): \$165.00

- Enclosed
- Authorized to be charged to deposit account

8. Deposit account number: 11-1410

Please charge this account for any additional fees which may be required, or credit any overpayment to this account.

6. Total number of applications and registrations involved: 6

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.

Steven J. Nataupsky
Name of Person Signing

Signature

Date

April 8, 2003

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

04/14/2003 6TON11 00000051 76112677

01 FC:8521
02 FC:8522

40.00 OP
125.00 OP

TRADEMARK
REEL: 002709 FRAME: 0901

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

U.S. Patent and Trademark Office
Attn: Assignment Division
Crystal Gateway-4
1213 Jefferson Davis Highway, Suite 320
Arlington, VA 22202

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MINNESOTA SECRETARY OF STATE
AMENDMENT OF ARTICLES OF INCORPORATION

READ INSTRUCTIONS LISTED BELOW, BEFORE COMPLETING THIS FORM.

1. Type or print in black ink.
2. There is a \$35.00 fee payable to the Secretary of State for filing this "Amendment of Articles of Incorporation".
3. Return Completed Amendment Form and Fee to the address listed on the bottom of the form.

CORPORATE NAME: (List the name of the company prior to any desired name change)

IntraTherapeutics, Inc.

This amendment is effective on the day it is filed with the Secretary of State, unless you indicate another date, no later than 30 days after filing with the Secretary of State.

The following amendment(s) to articles regulating the above corporation were adopted: (insert full text of newly amended article(s) indicating which article(s) is (are) being amended or added.) If the full text of the amendment will not fit in the space provided, attach additional numbered pages. (Total number of pages including this form 1.)

ARTICLE I

The name of the corporation is:

Sulzer IntraTherapeutics Inc.

m

This amendment has been approved pursuant to *Minnesota Statutes chapter 302A or 317A*. I certify that I am authorized to execute this amendment and I further certify that I understand that by signing this amendment, I am subject to the penalties of perjury as set forth in section 609.48 as if I had signed this amendment under oath.


(Signature of Authorized Person)
John L. Erb, President

Name and telephone number of contact person: Debby Rickaway (713) 561-6373
Please print legibly

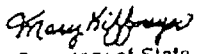
All of the information on this form is public and required in order to process this filing. Failure to provide the requested information will prevent the Office from approving or further processing this filing.

If you have any questions please contact the Secretary of State's office at (651)296-2800

STATE OF MINNESOTA
DEPARTMENT OF STATE
FILED

RETURN TO: Secretary of State
180 State Office Bldg., 100 Constitution Ave.
St Paul, MN 55155-1299, (651)296-2803

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Secretary of State

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