

FORM PTO-1594  
1-31-92

U.S. DEPARTMENT OF COMMERCE  
Patent and Trademark Office

# RECORDATION FORM COVER SHEET TRADEMARKS ONLY

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

1. Name of conveying party(ies):  
Reckitt & Colman (Overseas) Limited  
Dansom Lane  
Hull, England HU8 7DS

- Individual(s)
- General Partnership
- Corporation - United Kingdom
- Other
- Association
- Limited Partnership

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

3. Nature of conveyance:

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

Execution Date: September 1, 2003

2. Name and address of receiving party(ies):

Name: Reckitt Benckiser Healthcare (UK) Limited

Internal Address: \_\_\_\_\_

Street Address: Dansom Lane

City: Hull State: England Zip: HU8 7DS

- Individual(s) citizenship \_\_\_\_\_
- Association \_\_\_\_\_
- General Partnership \_\_\_\_\_
- Limited Partnership \_\_\_\_\_
- Corporation - United Kingdom
- 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

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

A. Trademark Application No.(s)	B. Trademark Registration No.(s)
	1,229,185                      2,169,133
	2,007,864                      2,516,464

Additional numbers attached?  Yes  No

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

Name: Robert W. Smith

Internal Address: McCarter & English, LLP  
4 Gateway Center

Street Address: 100 Mulberry Street

City: Newark State: NJ ZIP: 07101

6. Total number of applications and registrations involved: 4

7. Total Fee (37 CFR 3.41): \$115.00

- Enclosed
- Authorized to be charged to deposit account

8. Deposit account number:

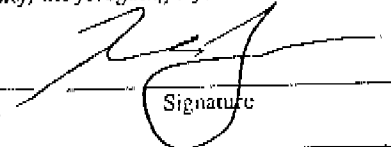
502639  
(Attach duplicate copy of this page if paying by deposit account)

DO NOT USE THIS SPACE

9. Statement and Signature.

To the best of your knowledge and belief, the foregoing information is true and correct and any attached copy is a true copy of the original document.

Robert W. Smith  
Name of Person Signing

  
Signature

September 18, 2003  
Date

Total number of pages comprising cover sheet: 4

**ASSIGNMENT OF TRADEMARKS AND GOODWILL**

This Assignment is made effective as of the 1<sup>st</sup> day of September 2003, by and between Reckitt & Colman (Overseas) Limited, a United Kingdom corporation with offices at Dansom Lane, Hull, England, United Kingdom HU8 7DS ("Assignor") and Reckitt Benckiser Healthcare (UK) Limited, a United Kingdom corporation with offices at Dansom Lane, Hull, England, United Kingdom HU8 7DS ("Assignee").

WHEREAS, Assignor is the sole and exclusive owner of all right, title and interest in and to the trademarks and trademark registrations listed and/or described on Appendix A attached hereto and made a part hereof, and all of the goodwill associated therewith (the "Marks"); and

WHEREAS, Assignor has agreed to assign the Marks to Assignee.

NOW THEREFORE, for the sum of one dollar (\$1.00), and for other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, Assignor does hereby assign, grant and convey to Assignee all right, title and interest in the Marks, and all issued registrations with respect to same, as well as the goodwill related to the Marks and the right to sue for past infringement of the Marks. Assignor will execute any and all further documents necessary to transfer to Assignee title in and to the Marks.

IN TESTIMONY WHEREOF, Assignor has executed this Assignment on the day and year first above written.

For and on behalf of:  
RECKITT & COLMAN (OVERSEAS) LIMITED

By: Rosina Baxter  
Name: Rosina Baxter \_\_\_\_\_  
Title: Authorised Signatory \_\_\_\_\_

NWK2: 1078628.01

## Appendix A

<u>Mark</u>	<u>Registration No.</u>	<u>Registration Date</u>
BUPRENEX	1,229,185	March 8, 1983
SUBUTEX	2,007,864	October 15, 1996
SUBOXONE	2,169,133	June 30, 1998
VETERGESIC	2,516,464	December 11, 2001

DESIGNATION OF DOMESTIC REPRESENTATIVE

Robert W. Smith, whose postal address is McCarter & English, L.P., Four Gateway Center, 100 Mulberry Street, Newark, New Jersey 07102, is hereby designated assignee's representative upon whom notice or process in proceedings affecting the recordation of documents concerning Registration Nos. 1,229,185, 2,007,864, 2,169,133 and 2,516,464 may be served.

For and on behalf of:  
Reckitt Benckiser Healthcare (UK) Limited

By: Rosina Baxter  
Name: Rosina Baxter  
Title: Authorised Signatory

Date: 1<sup>st</sup> September 2003

NWK2: 1079424.01

**McCARTER & ENGLISH, LLP**  
 ATTORNEYS AT LAW  
 FOUR GATEWAY CENTER  
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 FACSIMILE PHONE NO.  
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**McCARTER & ENGLISH, LLP**  
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**McCARTER & ENGLISH, LLP**  
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**McCARTER & ENGLISH, LLP**  
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 FACSIMILE PHONE NO.  
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**McCARTER & ENGLISH, LLP**  
 NEW YORK, N.Y.  
 FACSIMILE PHONE NO.  
 212-432-6568

**McCARTER & ENGLISH, LLP**  
 PHILADELPHIA, PA.  
 FACSIMILE PHONE NO.  
 (215) 557-6544

## TELECOPY/FAX INFORMATION SHEET

Date: September 24, 2003

Time: 2:42 PM

6 TOTAL NUMBER OF PAGES (Including Cover Sheet)

**I. PLEASE DELIVER TO:**

Name	Firm	Fax Number
Director of the United States Patent & Trademark Office	Assignment Recordation Services	703-306-5995

Comments: See attached. Thank you.

The information contained in this facsimile message is attorneys' privileged and confidential information intended only for the person or entity named above. If you are not the intended recipient (or someone responsible to deliver it to the intended recipient), please be aware that any dissemination or copying of this communication is strictly prohibited. If you have received this communication in error, please notify us by telephone immediately at 1-800-359-6245 and return the original message to us at the above address via the U.S. Postal Service. Thank you.

**II. FROM:**

Name Kimberly A. Knoll Atty # 1617  
 Operator Telephone No. (973) 622-4444 x-2540  
 Operator Name \_\_\_\_\_

**III. CONFIRMATION:**

Telephone No. \_\_\_\_\_  
 Name (Or Title) \_\_\_\_\_  
 Client/Matter Number 94511/00009

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 Name of Person Signing                      Signature                      Date

Total number of pages comprising cover sheet: [4]