

FORM PTO-1594 (Modified)  
(Rev. 10/02)  
OMB No. 0851-0027 (exp. 8/30/2005)  
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TM05/REV03

RECORDATION FORM COVER SHEET  
**TRADEMARKS ONLY**

Docket No.:

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To the Director of the United States Patent and Trademark Office: Please record the attached original documents or copy thereof.

1. Name of conveying party(ies):  
**The Kendall Company LP**

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

Additional names(s) of conveying party(ies)       Yes  No

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

Name: Tyco Healthcare Group LP

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

Street Address: 15 Hampshire St.

City: Mansfield State: MA ZIP: 02048

Individual(s) citizenship \_\_\_\_\_  
 Association \_\_\_\_\_  
 General Partnership \_\_\_\_\_  
 Limited Partnership Delaware  
 Corporation-State \_\_\_\_\_  
 Other \_\_\_\_\_

If assignee is not domiciled in the United States, a domestic designation is                       Yes  N  
(Designations must be a separate document from  
Additional name(s) & address(es)                       Yes  N

3. Nature of conveyance:

Assignment                               Merger  
 Security Agreement                       Change of Name  
 Other \_\_\_\_\_

Execution Date: 03/26/1999

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

A. Trademark Application No.(s)

Additional numbers                       Yes  No

B. Trademark Registration No.(s)

176550

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

Name: Anne E. Fitzpatrick

Internal Address: Tyco Healthcare Group LP

Street Address: 15 Hampshire St.

City: Mansfield State: MA ZIP: 02048

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:

190254

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.*

Anne E. Fitzpatrick                      Anne E Fitzpatrick                      10/29/03  
Name of Person Signing                      Signature                      Date

Total number of pages including cover sheet, attachments, and **3**

CH \$40.00 190264 0176550

*State of Delaware*  
*Office of the Secretary of State*

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PAGE 1

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF AMENDMENT OF "THE KENDALL COMPANY L P", CHANGING ITS NAME FROM "THE KENDALL COMPANY L P" TO "TYCO HEALTHCARE GROUP LP", FILED IN THIS OFFICE ON THE EIGHTH DAY OF APRIL, A.D. 1999, AT 10 O'CLOCK A.M.



*Edward J. Freel*

Edward J. Freel, Secretary of State

2946789 8100

991429821

AUTHENTICATION: 0020097

DATE: 10-12-99

TRADEMARK

REEL: 002743 FRAME: 0288

**CERTIFICATE OF AMENDMENT  
TO THE  
CERTIFICATE OF LIMITED PARTNERSHIP  
OF  
THE KENDALL COMPANY L P**

The undersigned, desiring to amend the Certificate of Limited Partnership of The Kendall Company LP pursuant to the provisions of Section 17-202 of the Revised Uniform Limited Partnership Act of the State of Delaware, does hereby certify as follows:

**FIRST:** The name of the Limited Partnership is The Kendall Company L P

**SECOND:** Article One of the Certificate of Limited Partnership shall be amended as follows:

**"The name of the limited partnership is Tyco Healthcare Group LP"**

IN WITNESS WHEREOF, the undersigned executed this Amendment to the Certificate of Limited Partnership on this 26th day of March, 1999.

THE KENDALL COMPANY L P

BY:   
M. Brian Moroze  
Secretary

# IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

TRANSMITTAL LETTER (GENERAL)  
for Transmission by Facsimile

Applicant/Registrant: **TYCO HEALTHCARE GROUP LP**  
Serial No.: **71183355**  
Registration No.: **176550**  
Trademark: **LAKESIDE**

Docket No.

TO THE COMMISSIONER FOR TRADEMARKS:

Transmitted herewith is the following:

**RECORDATION COVER SHEETS WITH SUPPORTING DOCUMENTS TO CHAIN OF  
TITLE AS FOLLOWS:**

**THE KENDALL COMPANY LP TO TYCO HEALTHCARE GROUP LP (3 PAGES)**

No fee is required.

Please charge Deposit Account No. **190254** in the amount of **\$40.00**

Any excess or insufficiency should be credited or debited to Deposit Account No. **190254**

Please charge my credit card in the amount of \_\_\_\_\_ as filing fee.

**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on form PTO-2038.**

Anne E. Fitzpatrick  
Signature

Dated: 11/5/03

ANNE E. FITZPATRICK  
TYCO HEALTHCARE GROUP LP  
15 HAMPSHIRE ST.  
MANSFIELD, MA 02048

cc:

<p>I certify that this transmittal and attached document(s) are being facsimile transmitted under 37 C.F.R. 1.8 to the United States Patent and Trademark Office (Fax No. 703-306-5995 ) on</p> <p><u>Nov-6, 2003</u> (Date)</p> <p><u>Beverly Phillips</u> Signature</p> <p><b>BEVERLY PHILLIPS</b></p> <p>Typed or Printed Name of Person Signing Certificate</p>
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