

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

RECORDATION FORM COVER SHEET TRADEMARKS ONLY

U.S. DEPARTMENT OF COMMERCE
U.S. Patent and Trademark Office

Attorney's Docket No. 015981-024

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):

Leiras Oy
P.O. Box 415
FIN-20101 Turku
Finland

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

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

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

Name: Schering Oy
Internal Address:

Street Address: Pansiontie 47
FIN-20210 Turku
Finland

City: _____ State: _____ Zip: _____

Individual(s) Citizenship _____
 Association _____
 General Partnership _____
 Limited Partnership _____
 Corporation-State _____
 Other Finland Corporation _____

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

3. Nature of conveyance:

Assignment Merger
 Security Agreement Change of Name
 Other

Execution Date: February 28, 2003

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

A. Trademark Application No(s).

B. Trademark Registration No(s).

1,428,078	2,716,985
2,039,913	2,415,288
2,661,520	1,361,358

Additional number(s) attached? Yes No

6. Total number of applications and registrations involved: 6

7. Total fee (37 CFR 3.41).....\$ 165.00

Enclosed
 Authorized to be charged to deposit account

8. Deposit account number:
02-4800
(Attach duplicate copy of this page if paying by deposit account.)

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

Name: Adrienne L. White
Internal Address:

Burns, Doane, Swecker & Mathis, L.L.P.
Customer Number 2 1 8 3 9
P.O. Box 1404

Street Address:

City: Alexandria State: VA Zip: 22313-1404

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.

Adrienne L. White
Name of Person Signing

Adrienne L. White
Signature

2/20/04
Date

Total number of pages including cover sheet, attachments, and documents: 1

DO NOT USE THIS SPACE

Mail documents to be recorded with required cover sheet information to:
Director of the United States Patent and Trademark Office / Mail Stop Assignment Recordation Services
P.O. Box 1450 / Alexandria, VA 22313-1450

I hereby certify that this correspondence is being submitted by facsimile transmission to the Director of the United States Patent and Trademark Office, P.O. Box 1450, Alexandria, VA 22313-1450, to the following facsimile number:

Facsimile Number: 703.306.9995

Date of Transmission: 2-20-04

Florie Goodman

Typed Name:

700067439

TRADEMARK
REEL: 002798 FRAME: 0698

CH \$165.00 024800 1428078



Burns, Doane, Swecker & Mathis, L.L.P.
Suite 500
1737 King Street
Alexandria, Virginia 22314-2727
Telephone: +1.703.836.6620
Group 3 Fax +1.703.836.2021
Group 4 Fax +1.703.836.0028
www.burnsdoane.com

Facsimile Cover

The information contained in this facsimile message is or may be attorney-client privileged and contains confidential information intended only for the use of the recipient(s) named below and others expressly authorized to receive it. If you are not the intended recipient, you are hereby notified that any dissemination, distribution or copying of this message is prohibited and you are asked to notify us immediately by telephone and to return this message to us by mail without copying it. Any questions regarding compatibility should be directed to our Office Services Department at +1.703.836.6620.

Date: February 20, 2004

TO Assignment Division

Fax Number. 703.306.5995

Company: U.S. Patent and Trademark Office

Telephone:

Your Reference:

FROM: Adrienne L. White

Telephone: 703.838.6544

Our Reference: 015981-024

Sent By: Florie Goodman

Number of Pages 2
Including Cover:

Message

Please record the attached Change of Name and fax Notice of Recordation to 703.836.2021. If you have any questions, please do not hesitate to contact us at the above number.