

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. 015981-012

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):  
 2,138,401

Additional number(s) attached?  Yes  No

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:  
 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, Esq.  
 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

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.*

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

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: 703.306.5995

Date of Transmission: 2-20-04

*Florie Goodman*  
 Florie Goodman

Typed Name:

TRADEMARK  
 REEL: 002803 FRAME: 0015

700068947

CH \$40.00 024800 2138401

**SUPPORTING CHANGE OF NAME  
FROM LEIRAS OY  
TO SCHERING OY**