

### RECORDATION FORM COVER SHEET TRADEMARKS ONLY

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

1. Name of conveying party(ies):  
FISHER-MAS MERGER CORP.

2. Name of receiving party(ies):  
MEDICAL ANALYSIS SYTEMS, INC.  
5300 Adolfo Road  
Camarillo, California 93012

- Individual(s)
- General Partnership
- Corporation-Delaware
- Other:
- Association
- Limited Partnership

- Individual(s) citizenship:
- Association:
- General Partnership:
- Limited Partnership:
- Corporation-Delaware
- Other:

3. Nature of Conveyance:

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

Execution Date: 09/17/2002

If assignee is not domiciled in the United States, a domestic representative designation is attached:

- Yes
- No

(Designation must be a separate document)

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)

2151250

Additional number(s) attached:  Yes  No

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

Michael D. Fishman  
Rader, Fishman & Grauer PLLC  
39533 Woodward Avenue  
Suite 140  
Bloomfield Hills, MI 48304

6. Total number of applications and registrations involved: One (1)

7. Total fee (37 CFR § 3.41): \$40.00

- Enclosed
- Authorized to be charged to deposit account

8. Deposit Account Number: 18-0013  
(Attach duplicate copy of this page if using deposit account)

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.

Linda E. Sudzina  
Name

  
Signature

7/26/04  
Date

PORTING DOCUMENTATION IS REQUIRED FOR A NAME CHANGE