

Form PTO-1594 (Rev. 06/04)
OMB Collection 0651-0027 (exp. 6/30/2005)

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

**RECORDATION FORM COVER SHEET
TRADEMARKS ONLY**

To the Director of the U. S. Patent and Trademark Office: Please record the attached documents or the new address(es) below:

1. **Name of conveying party(ies)/Execution Date(s)**

Ventana Medical Systems, Inc.
(formerly OnCor, Inc.)

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

Citizenship (see guidelines) _____ USA

Execution Date(s) _____ November 20, 1998

Additional names of conveying parties attached?
 Yes No

2. **Name and address of receiving party(ies)** Yes
 No

Additional names, addresses, or citizenship attached: No

Name: Ventana Medical Systems, Inc.
Address: 1910 Innovation Park Drive
Street Address: _____
City: Tucson
State: Arizona
Country: USA Zip: 850737

Association Citizenship _____
 Limited Partnership Citizenship _____
 Corporation Citizenship Delaware
 Other _____ Citizenship _____

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)

3. **Nature of conveyance:**

Assignment Merger
 Security Agreement Change of Name
 Other Correction of Reel/Frame 1844/0126
Change of Corporation State of Assignee to Delaware

4. **Application number(s) or registration number(s) and identification or description of the Trademark.**

A. Trademark Application No.(s) _____

B. Trademark Registration No.(s)
2,300,483

Additional sheet(s) attached? Yes No

C. **Identification or Description of Trademark(s) (and Filing Date if Application or Registration Number is unknown):**

5. **Name & address of party to whom correspondence concerning document shall be mailed:**

Name: Christine Meis McAuliffe
Internal Address: The Collier Center
11th Floor
Street Address: 201 East Washington Street
City: Phoenix
State: AZ Zip: 85004
Phone Number: 602.262.5926
Fax Number: 602.495.2983
Email Address: cmcauliffe@isslaw.com

6. **Total number of applications and registrations involved:** 1

7. **Total fee (37 CFR 2.6(b)(6) & 3.41)** Fee Paid

Authorized to be charged by credit card
 Authorized to be charged to deposit account
 Enclosed

8. **Payment Information:**

a. Credit Card Last 4 Numbers _____
Expiration Date _____

b. Deposit Account Number 50-1234
Authorized User Name Glenn Spencer Bacal

9. **Signature** Christine Meis McAuliffe
Signature _____
Christine Meis McAuliffe
Name of Person Signing

8-27-04
Date

Total number of pages including cover sheet, attachments, and document: 6

Documents to be recorded (including cover sheet) should be faxed to (703) 306-5995, or mailed to:
Mail Stop Assignment Recordation Services, Director of the USPTO, P.O. Box 1450, Alexandria, VA 22313-1450

FFFS-1 PFO-1594 (Modified) (Rev. 8-23)
 OMB No. 0651-0011 (exp. 4/04)
 Copyright 1994-97 Lewis & Clark
 TM05/REV03

01-26-1999

100949477

T
Y

Docket No.:

1-25-99

Tab settings

To the Honorable Commissioner of Patents attached original documents or copy thereof.

1. Name of conveying party(ies):
 Ventana Medical Systems, Inc.
 (formerly Oncor, Inc.)

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: Ventana Medical Systems, Inc.
 Internal Address: _____
 Street Address: 3865 North Business Center Dr.
 City: Tucson State: AZ ZIP: 85705

Individual(s) citizenship _____
 Association _____
 General Partnership _____
 Limited Partnership _____
 Corporation-State Arizona
 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: November 20, 1998

4. Application number(s) or registration numbers(s):
 A. Trademark Application No.(s)
75/347,007
75/346,866
01/26/1999 INVENTEN 00000024 2162349
01 FC1481 40.00 OP
02 FC1482 100.00 OP Additional numbers

B. Trademark Registration No.(s)
2,162,349
2,057,007
1,940,947

Yes No

5. Name and address of party to whom correspondence concerning document should be mailed:
 Name: David M. Frischkorn
 Internal Address: Suite 3200
McDonnell Boehnen Hulbert & Berghoff
 Street Address: 300 South Wacker Drive
 City: Chicago State: IL ZIP: 60606

6. Total number of applications and registrations involved: 5

7. Total fee (37 CFR 3.41):.....\$ 200.00
 Enclosed
 Authorized to be charged to deposit account

8. Deposit account number:
13-2490

DO NOT USE THIS SPACE

CHECK Refund Total: \$60.00

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.

David M. Frischkorn [Signature] 1-14-99
 Name of Person Signing Signature Date

Total number of pages including cover sheet, attachments, and

TRADEMARK
 REEL: 1844 FRAME: 0126
 TRADEMARK
 REEL: 002931 FRAME: 0647

**TRADEMARK
ASSIGNMENT**

In consideration of One Dollar and valuable consideration, the receipt of which is hereby acknowledged, Ventana Medical Systems, Inc. (Assignor) (formerly Oncor, Inc.), whose full post office address is 209 Perry Parkway, Gaithersburg, Maryland, 20877, does hereby sell and assign all right, title and interest, including the associated goodwill, to Ventana Medical Systems, Inc. (Assignee), a corporation of the State of Arizona, USA, whose full post office address is 3865 North Business Center Drive, Tucson, Arizona, 85705, each of the following trademarks:

Trademark
Serial/Reg. No.

Attorney
Case No.

Trademark

2,162,349
2,057,007
75/347,007
75/346,866
1940947

INFORM
FLUOR-AMP
D-FISH
S-FISH
design (human figure
and DNA strand)

For said considerations the Assignor hereby agrees that the above trademarks will be held and enjoyed by the Assignee, its successors and assigns, as fully and entirely as the same would have been held and enjoyed by the Assignor if this assignment had not been made.

SIGNED at Oncor, Inc. this 20th day of November, 1998.
Montgomery County, Maryland

Oncor, Inc.
209 Perry Parkway
Gaithersburg, Maryland 20877
By: [Signature]
Title: PRESIDENT

I, Elaine Shivy Chin, declare that I was personally present and did see Cecil Kost
(name of assignor)
duly sign and execute the above agreement.

[Signature]
Signature

Elaine Shivy Chin, Secretary
My Commission Expires July 21, 2001

RECORDED: 01/25/1999

RECORDED: 08/20/2004

TRADEMARK
REEL: 1844 FRAME: 0127
TRADEMARK
REEL: 002931 FRAME: 0648