

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):

BIOCIDE, INC.

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

Citizenship (see guidelines) USA

Execution Date(s) June 1, 2004

Additional names of conveying parties attached? Yes No

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

Additional names, addresses, or citizenship attached? Yes No

Name: QUEST ASSOCIATES, LTD

Internal Address: _____

Street Address: 14 Alfred Lane

City: Stamford

State: Connecticut

Country: USA Zip: 06902

Association Citizenship _____
 General Partnership Citizenship _____
 Limited Partnership Citizenship _____
 Corporation Citizenship USA
 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-Corrective Merger
 Security Agreement Change of Name
 Other Correct Assignee-R/F 002944/0767

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

A. Trademark Application No.(s) 75232781

B. Trademark Registration No.(s) 2177538

Additional sheet(s) attached? Yes No

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

VIROFREE

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

Name: JAMES W. REIMAN, ESQ.

Internal Address: _____

Street Address: 151 North Main Street

City: New City

State: New York Zip: 10956

Phone Number: (845) 638-9700

Fax Number: (845) 638-0050

Email Address: JReiman@FPALaw.Com

6. Total number of applications and registrations involved: 1

7. Total fee (37 CFR 2.6(b)(6) & 3.41) \$ 40.00

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

8. Payment Information:

a. Credit Card Last 4 Numbers 3004
 Expiration Date 05/05

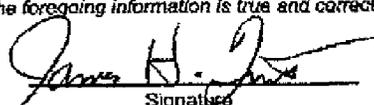
b. Deposit Account Number _____
 Authorized User Name _____

9. Signature: JAMES W. REIMAN September 29 2004
 Signature Date

JAMES W. REIMAN, ESQ., VICE PRES. Total number of pages including cover sheet, attachments, and document: 10
 Name of Person Signing

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

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| Form: PDS-1014 (Rev. 10/02) OMB No. 0051-0027 (exp. 6/30/2005) Tab settings: [] [] [] [] [] [] [] [] | | RECORDATION FORM COVER SHEET TRADEMARKS ONLY | | U.S. DEPARTMENT OF COMMERCE U.S. Patent and Trademark Office | |
| To the Honorable Commissioner of Patents and Trademarks: Please record the attached original documents or copy thereof. | | | | | |
| 1. Name of conveying party(ies): BIOCIDE, INC. <input type="checkbox"/> Individual(s) <input type="checkbox"/> Association <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership <input checked="" type="checkbox"/> Corporation-State, Delaware <input type="checkbox"/> Other _____ Additional name(s) of conveying party(ies) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | 2. Name and address of receiving party(ies) Name: <u>Quest Associates, Inc.</u> Internal Address: _____ Address: _____ Street Address: <u>14 Alfred Lane</u> City: <u>Stamford</u> State: <u>Conn</u> Zip: <u>06902</u> <input type="checkbox"/> Individual(s) citizenship _____ <input type="checkbox"/> Association _____ <input type="checkbox"/> General Partnership _____ <input type="checkbox"/> Limited Partnership _____ <input checked="" type="checkbox"/> Corporation-State <u>Connecticut</u> <input type="checkbox"/> Other _____ <small>If assignee is not domiciled in the United States, a domestic representative designation is attached: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Designations must be a separate document from assignment) Additional name(s) & address(es) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</small> | | |
| 3. Nature of conveyance: <input checked="" type="checkbox"/> Assignment <input type="checkbox"/> Merger <input type="checkbox"/> Security Agreement <input type="checkbox"/> Change of Name <input type="checkbox"/> Other _____ Execution Date: <u>June 1, 2004</u> | | | 4. Application number(s) or registration number(s): A. Trademark Application No.(s) _____ B. Trademark Registration No.(s) <u>2,177,538</u> Additional number(s) attached: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| 5. Name and address of party to whom correspondence concerning document should be mailed: Name: <u>James W. Reiman, Esq.</u> Internal Address: _____ _____ _____ Street Address: <u>151 North Main Street</u> _____ _____ City: <u>New City</u> State: <u>NY</u> Zip: <u>10956</u> | | | 6. Total number of applications and registrations involved: <input type="text" value="1"/> | | |
| 7. Total fee (37 CFR 3.41): \$ <u>160.00</u> <input checked="" type="checkbox"/> Enclosed <input type="checkbox"/> Authorized to be charged to deposit account | | | 8. Deposit account number: <u>N/A</u> <small>(Attach duplicate copy of this page if paying by deposit account)</small> | | |
| 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. <u>James H. Quest, Pres.</u>  <u>June 1, 2004</u> Name of Person Signing Signature Date | | | | | |

OP \$160.00 2177538

Mail documents to be recorded with required cover sheet information to:
Commissioner of Patent & Trademarks, Box Assignments
Washington, D.C. 20231

Form PTO-1594 (Rev. 10/02) OMB No. 0651-0027 (exp. 6/30/2005) Tab settings

**RECORDATION FORM COVER SHEET
TRADEMARKS ONLY**

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

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

| | |
|--|---|
| <p>1. Name of conveying party(ies):</p> <p><u>BIOCIDE, INC.</u></p> <p><input type="checkbox"/> Individual(s) <input type="checkbox"/> Association <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership <input checked="" type="checkbox"/> Corporation-State, Delaware <input type="checkbox"/> Other _____</p> <p>Additional name(s) of conveying party(ies) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> | <p>2. Name and address of receiving party(ies)</p> <p>Name: <u>Quest Associates, Inc.</u> Internal Address: _____</p> <p>Street Address: <u>14 Alfred Lane</u> City: <u>Stamford</u> State: <u>Conn</u> Zip: <u>06902</u></p> <p><input type="checkbox"/> Individual(s) citizenship _____ <input type="checkbox"/> Association _____ <input type="checkbox"/> General Partnership _____ <input type="checkbox"/> Limited Partnership _____ <input checked="" type="checkbox"/> Corporation-State <u>Connecticut</u> <input type="checkbox"/> Other _____</p> <p>If assignee is not domiciled in the United States, a domestic representative designation is attached: <input type="checkbox"/> Yes <input type="checkbox"/> No (Designations must be a separate document from assignment) Additional name(s) & address(es) attached? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> |
|--|---|

3. Nature of conveyance:

Assignment Merger
 Security Agreement Change of Name
 Other _____

Execution Date: June 1, 2004

| | |
|---|--|
| <p>4. Application number(s) or registration number(s):</p> <p>A. Trademark Application No.(s) _____</p> <p style="text-align: right;">Additional number(s) attached <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> | <p>B. Trademark Registration No.(s) <u>2,177,538</u></p> |
|---|--|

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

Name: James W. Reiman, Esq.

Internal Address: _____

Street Address: 151 North Main Street

City: New City State: NY Zip: 10956

6. Total number of applications and registrations involved: 1

7. Total fee (37 CFR 3.41).....\$ 160.00

Enclosed
 Authorized to be charged to deposit account

8. Deposit account number:
N/A

(Attach duplicate copy of this page if paying by deposit account)

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.

James H. Quest, Pres. James H. Quest June 1, 2004
Name of Person Signing Signature Date

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

Mail documents to be recorded with required cover sheet information to:
Commissioner of Patent & Trademarks, Box Assignments
Washington, D.C. 20231

20 78101

STATE OF DELAWARE
SECRETARY OF STATE
DIVISION OF CORPORATIONS
FILED 11:15 AM 03/21/2000
001142830 - 3093073

**CERTIFICATE OF AMENDMENT
OF CERTIFICATE OF INCORPORATION
OF
NEOLOGICS, INC.**

The undersigned corporation, in order to amend its Certificate of Incorporation, hereby certifies as follows:

FIRST: The name of the corporation is Neologics, Inc.

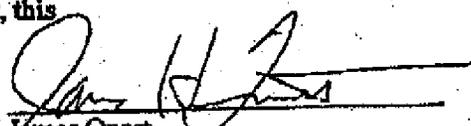
SECOND: The corporation hereby amends its Certificate of Incorporation as follows:

Paragraph **FIRST** of the Certificate of Incorporation, relating to the corporate title of the corporation, is hereby amended to read as follows:

FIRST: The name of the corporation is: Biocide, Inc.

THIRD: The amendment effected herein was authorized by the consent in writing, setting forth the action so taken, unanimously signed by the holders of all the outstanding shares entitled to vote thereon pursuant to Sections 228 and 242 of the General Corporation Law of the State of Delaware.

IN WITNESS WHEREOF, I hereunto sign my name and affirm that the statements made herein are true under the penalties of perjury, this


James Quest
Its President

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