FORM PTO-1618A Expres 06/30/99 OMB 0651-0027

06-21-2004



102821156

## RECORDATION FORM COVER SHEET

**U.S. Department of Commerce** 

Patent and Trademark Office **TRADEMARK** 

TRADE	MARKS ONLY Q-21-07			
TO: The Commissioner of Patents and Trademarks:	: Please record the attached original document(s) or copy(ies).			
Submission Type	Conveyance Type			
X New	X Assignment License			
Resubmission (Non-Recordation) Document ID #	Security Agreement Nunc Pro Tunc Assignment  Effective Date Month, Day, Year			
Correction of PTO Error Reel # Frame #	Merger Month Day Year  Change of Name			
Corrective Document Reel # Frame #	Other			
Conveying Party  Mark if additional names of conveying parties attached Execution Date				
Name Wolters Kluwer Health, Inc.				
Formerly Individual General Partnership Limited Partnership X Corporation Association				
Other				
X Citizenship/State of Incorporation/Organization Delaware				
Receiving Party  Mark if additional names of receiving parties attached				
	<u> </u>			
Name Ovid Technologies, Inc.	<u>C</u> :			
Name Ovid Technologies, Inc.  DBA/AKA/TA				
DBA/AKA/TA				
DBA/AKA/TA  Composed of				
Composed of Address (line 1)  333 Seventh Avenue				
Composed of  Address (line 1) 333 Seventh Avenue  Address (line 2)   Address (line 3) New York  Individual General Partnership  X Corporation Association	New York  State/Country  Limited Partnership  If document to be recorded is an assignment and the receiving party is not domiciled in the United States, an appointment of a domestic representative should be attached.			
Composed of  Address (line 1) 333 Seventh Avenue  Address (line 2)	New York  State/Country  If document to be recorded is an assignment and the receiving party is not domiciled in the United States, an appointment of a domestic representative should be attached.  (Designation must be a separate document from Assignment.)			
Composed of  Address (line 1) 333 Seventh Avenue  Address (line 2)  Address (line 3) New York  Individual General Partnership  X Corporation Association  Other  X Citizenship/State of Incorporation/Organizat	New York  State/Country  If document to be recorded is an assignment and the receiving party is not domiciled in the United States, an appointment of a domestic representative should be attached.  (Designation must be a separate document from Assignment.)			

Public burden reporting for this collection of information is estimated to average approximately 30 minutes per Cover Sheet to be recorded, including time for reviewing the document and gathering the data needed to complete the Cover Sheet. Send comments regarding this burden estimate to the U.S. Patent and Trademark Office, Chief Information Officer, Washington, D.C. 20231 and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Paperwork Reduction Project (0651-0027), Washington, D.C. 20503. See OMB Information Collection Budget Package 0651-0027, Patent and Trademark Assignment Practice. DO NOT SEND REQUESTS TO RECORD ASSIGNMENT DOCUMENTS TO THIS

et Package 0651-0027, Patent and Trademark Assignment Practice. Control of Mail documents to be recorded with required cover sheet(s) information to:

Commissioner of Patents and Trademarks, Box Assignments, Washington, D.C. 20231

TRADEMARK

REEL: 002993 FRAME: 0672

FORM PTO- Expres (%/30/99	1618B Page 2	Patent and Trademerk Office TRADEMARK		
Domestic R	Representative Name and Address Enter for the first Receiving Par	ty only.		
Name				
Address (line 1)				
Address (line 2)				
Address (line 3)				
Address (line 4)				
Correspondent Name and Address Area Code and Telephone Number 202-828-2000				
Name	Benjamin W. Boley and Christopher P. Nierman			
Address (line 1)	Shea & Gardner			
Address (line z)	1800 Massachusetts Avenue, N.W.			
Address (line 3)	Washington, D.C. 20036			
Address (line 4)				
Pages	Enter the total number of pages of the attached conveyance document including any attachments.	# 1		
Trademark Application Number(s) or Registration Number(s) Mark if additional numbers attached				
	Trademark Application Number or the Registration Number (DO NOT ENTER BOTH numbers for			
Irao	lemark Application Number(s) Registration Numb	er(s)		
		J		
		7		
Number of Properties Enter the total number of properties involved. # 1				
Fee Amount	Fee Amount for Properties Listed (37 CFR 3.41): \$ 40.00			
Method of Deposit A	f Payment: Enclosed X Deposit Account			
(Enter for payment by deposit account or if additional fees can be charged to the account.)  Deposit Account Number: #				
	Deposit Account Number:			
Statet	Authorization to charge additional fees: Yes	No		
	nd Signature	,		
To the best of my knowledge and belief, the foregoing information is true and correct and any				
indica	hed copy is a true copy of the original dodument. Charges to deposit account are aut	norized, as		
		11.01		
	r P. Nierman	+118/04		
Name o	of Person Signing W \ Signature	Date Signed		

## **ASSIGNMENT**

Whereas, Wolters Kluwer Health, Inc., of 161 N. Clark Street, 48<sup>th</sup> Floor, Chicago, IL 60601, has adopted, used and is using a mark which is registered in the United States Patent and Trademark Office, Registration No. 1433651, dated March 24, 1987; and

Whereas, Ovid Technologies, Inc., of 333 Seventh Avenue, New York, NY 10001, is desirous of acquiring said mark and the registration thereof;

Now, therefore, said Wolters Kluwer Health, Inc. does hereby assign unto the said Ovid Technologies, Inc. all right, title and interest in and to the said mark, together with the good will of the business symbolized by the mark, and the above identified registration thereof.

Dale C. Gordon, Vice President and Asst. Secretary Wolters Kluwer Health, Inc.

State of TUnois	)
County of Cool	) ss

RECORDED: 06/21/2004

OFFICIAL SEAL
ERIN M SANDERS
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES: 11/01/07

TRADEMARK REEL: 002993 FRAME: 0674