

TRADEMARK ASSIGNMENT

Electronic Version v1.1
 Stylesheet Version v1.1

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	CHANGE OF NAME		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
Medtronic Xomed Surgical Products, Inc.		01/03/2001	CORPORATION: DELAWARE
RECEIVING PARTY DATA			
Name:	Medtronic Xomed, Inc.		
Street Address:	6743 Southpoint Drive North		
City:	Jacksonville		
State/Country:	FLORIDA		
Postal Code:	32216		
Entity Type:	CORPORATION: DELAWARE		
PROPERTY NUMBERS Total: 2			
Property Type	Number	Word Mark	
Registration Number:	1312193	POLYCEL	
Registration Number:	1001002	OPHTHO-BURR	
CORRESPONDENCE DATA			
Fax Number:	(763)505-2530		
	<i>Correspondence will be sent via US Mail when the fax attempt is unsuccessful.</i>		
Phone:	7635052526		
Email:	cindy.l.everson@medtronic.com		
Correspondent Name:	Cindy Evenson		
Address Line 1:	710 Medtronic Parkway		
Address Line 2:	LC 340		
Address Line 4:	Minneapolis, MINNESOTA 55432-5604		
NAME OF SUBMITTER:	Cindy L. Evenson		
Signature:	/Cindy L. Evenson/		
Date:	01/03/2005		

CH \$65.00 1312193

Total Attachments: 1
source=mdt xomed surgical change of name#page1.tif

State of Delaware
Office of the Secretary of State PAGE 1

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF OWNERSHIP, WHICH MERGES:

"MEROCEL CORPORATION", A DELAWARE CORPORATION,
WITH AND INTO "MEDTRONIC XOMED SURGICAL PRODUCTS, INC."
UNDER THE NAME OF "MEDTRONIC XOMED, INC.", A CORPORATION
ORGANIZED AND EXISTING UNDER THE LAWS OF THE STATE OF DELAWARE,
AS RECEIVED AND FILED IN THIS OFFICE THE TWENTY-NINTH DAY OF
DECEMBER, A.D. 2000, AT 1:02 O'CLOCK P.M.

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AND I DO HEREBY FURTHER CERTIFY THAT THE EFFECTIVE DATE OF
THE AFORESAID CERTIFICATE OF OWNERSHIP IS THE FIRST DAY OF
JANUARY, A.D. 2001.

A FILED COPY OF THIS CERTIFICATE HAS BEEN FORWARDED TO THE
NEW CASTLE COUNTY RECORDER OF DEEDS.

Doc# 2001007598
Book: 9850
Pages: 2136 - 2140
Filed & Recorded
01/10/2001 10:19:14 AM
JIM FULLER
CLERK CIRCUIT COURT
DUVAL COUNTY
TRUST FUND \$ 3.00
RECORDING \$ 21.00

Record and Return To:
Rosel Pine
Kerman Senterfitt
2 North Laura Street, Suite 2750
Jacksonville, FL 32202



Harriet Smith Windsor
Secretary of State

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001657975

AUTHENTICATION: 0892012

DATE: 01-03-01