

RECORDATION FORM COVER SHEET  
TRADEMARKS ONLY

Our Ref.: 4379-3

Mail Stop Assignment Recordation Services  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

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

1. Name of conveying party(ies):  
**ROYALTY SECURITIZATION TRUST I**

Individual(s)                       Association  
 General partnership               Limited Partnership  
 Corporation-State  
 Other: Statutory Trust

2. Name and address of receiving party(ies):  
Name(s): **DEUTSCHE BANK TRUST COMPANY  
AMERICAS (as Indenture Trustee)**  
Attention: Louis Bodi, VP  
Address: 60 Wall Street  
26<sup>th</sup> Floor, Mail Stop: NYC60-2606  
City: New York  
State/Country: New York  
Zip: 10005

Individual(s) citizenship  
 Association  
 General Partnership

Limited Partnership  
 Corporation-State  
 Other

3. Nature of conveyance:  
 **OTHER: Transfer of Grantee's (Debtor's)  
Rights Under Certain Security Interest  
Agreements to New Grantee (Secured Party)**

If assignee is not domiciled in the United States, a domestic representative designation is attached:  Yes  No

Execution Date: November 19, 2004

Designations must be a separate document from Assignment)  
Additional name/s & address/es attached  Yes  No

4. Application number(s) or registration number(s):

If this document is being filed together with a new application, the execution date of the application is:

A. Trademark Application No.(s)  
(1) **SEE ATTACHED EXHIBIT A**  
(2)

B. Trademark Registration No.(s)  
(1) **SEE ATTACHED EXHIBIT A**  
(2)

Additional numbers attached?  Yes  No

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

Street Address Nixon & Vanderhye P.C.  
1100 North Glebe Road  
8th Floor  
City Arlington State: VA Zip: 22201

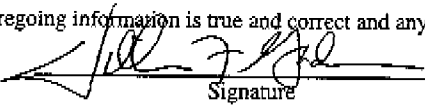
6. Total number of applications and registrations involved: 7

7. Total fee (37 CFR 3.41) \$ 190  
 Enclosed  
 Authorized to be charged to deposit account #14-1140

8. The Commissioner is hereby authorized to charge any deficiency, or credit any overpayment, in the fee(s) filed, or asserted to be filed, or which should have been filed herewith (or with any paper thereafter filed in this application by this firm) to our Account No. 14-1140.

DO NOT USE THIS SPACE

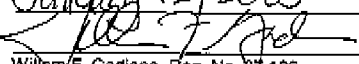
9. Statements and signature.  
To the best of my knowledge and belief, the foregoing information is true and correct and any attached copy is a true copy of the original document.

Willem F. Gadiano                                            January 12, 2005  
Name of Person Signing                      Signature                      Date

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

CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that this document (including any paper referred to as being attached or enclosed) is being sent to the U.S. Patent and Trademark Office via facsimile transmission to (703) 306-5995 on the date indicated below, with a coversheet addressed to Commissioner for Patents, U.S. Patent and Trademark Office.

Date: January 12, 2005  
By:   
Willem F. Gadiano, Reg. No. 37,136

CH \$190.00 141140 76132498

**EXHIBIT A****PTO SECURITY FILINGS**

Trademark Security Agreement, dated October 28, 2003, between Guilford Pharmaceuticals, Inc. (Grantor) and Paul Royalty Fund, L.P. (Grantee) and Paul Royalty Fund Holdings II (Grantee), recorded at Reel: 2744/Frame: 0099.

Reg. No.	Appl No.	Mark
1650461	74/006093	GLIADEL
2027788	74/680332	AGGRASTAT
2713360	76/429455	PROLONG
2717403	76/429459	CARE

**EXHIBIT A****PTO SECURITY FILINGS**

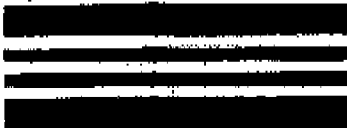
Trademark Security Agreement, dated October 28, 2003, between Artery, LLC (Grantor) and Paul Royalty Fund, L.P. (Grantee) and Paul Royalty Fund Holdings II (Grantee), recorded at Reel: 2744/Frame: 0132.

Reg. No.	Appl No.	Mark
1650461	74/006093	GLIADEL
2027788	74/660332	AGGRASTAT
2713360	76/429455	PROLONG
2717403	76/429459	CARE

**EXHIBIT A****PTO SECURITY FILINGS**

Trademark Security Agreement, dated October 16, 2001, between Vita Special Purpose Corporation (Grantor) and Paul Royalty Fund, L.P. (Grantee) (F/K/A Paul Capital Royalty Acquisition Fund, L.P.), recorded at Reel: 002875/Frame: 0135.

Reg. No.	Appl No.	Mark
	76/132498	RHAKOSS
2513277	75/816534	VITOSS
2646320	75/827120	CORTOSS



**UCC FINANCING STATEMENT**

FOLLOW INSTRUCTIONS (Read and back) CAREFULLY

**A. NAME & PHONE OF CONTACT AT FILER (optional)**  
**ROYALTY SECURITIZATION TRUST I**

**B. SEND ACKNOWLEDGMENT TO: (Name and Address)**

DELAWARE DEPARTMENT OF STATE  
 U.C.C. FILING SECTION  
 FILED 03:00 PM 11/19/2004  
 INITIAL FILING NUM: 4237918 1  
 AMENDMENT NUMBER: 000000  
 BRP: 040837656

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S EXACT FULL LEGAL NAME - Insert debtor's exact name (Do not abbreviate or combine names)

**1a. ORGANIZATION'S NAME**  
**ROYALTY SECURITIZATION TRUST I**

**OR**

**1b. INDIVIDUAL'S LAST NAME** \_\_\_\_\_ **FIRST NAME** \_\_\_\_\_ **MIDDLE NAME** \_\_\_\_\_ **SUFFIX** \_\_\_\_\_

**1c. MAILING ADDRESS** **c/o Paul Capital Advisors, L.L.C., as Administrator, 50 California Street, Suite 3000** **CITY** **SAN FRANCISCO** **STATE** **CA** **POSTAL CODE** **94111** **COUNTRY** **USA**

**1d. ORGANIZATION'S TYPE** **ADDP: INDUSTRY ORGANIZATION DEBTOR** **1e. TYPE OF ORGANIZATION** **Statutory Trust** **1f. JURISDICTION OF ORGANIZATION** **DELAWARE** **1g. ORGANIZATIONAL ID#, if any** **DE 3870845**  NONE

2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - Insert creditor's exact name (Do not abbreviate or combine names)

**2a. ORGANIZATION'S NAME**

**OR**

**2b. INDIVIDUAL'S LAST NAME** \_\_\_\_\_ **FIRST NAME** \_\_\_\_\_ **MIDDLE NAME** \_\_\_\_\_ **SUFFIX** \_\_\_\_\_

**2c. MAILING ADDRESS** \_\_\_\_\_ **CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **POSTAL CODE** \_\_\_\_\_ **COUNTRY** \_\_\_\_\_

**2d. ORGANIZATION'S TYPE** **ADDP: INDUSTRY ORGANIZATION DEBTOR** **2e. TYPE OF ORGANIZATION** \_\_\_\_\_ **2f. JURISDICTION OF ORGANIZATION** \_\_\_\_\_ **2g. ORGANIZATIONAL ID#, if any** \_\_\_\_\_  NONE

3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNOR if ASSIGNOR IS NOT - Insert if you are secured party name (Do not abbreviate)

**3a. ORGANIZATION'S NAME**  
**DEUTSCHE BANK TRUST COMPANY AMERICAS, as Indenture Trustee**

**OR**

**3b. INDIVIDUAL'S LAST NAME** \_\_\_\_\_ **FIRST NAME** \_\_\_\_\_ **MIDDLE NAME** \_\_\_\_\_ **SUFFIX** \_\_\_\_\_

**3c. MAILING ADDRESS** **60 WALL STREET, 26TH FLOOR** **CITY** **NEW YORK** **STATE** **NY** **POSTAL CODE** **10005** **COUNTRY** **USA**  
**MAIL STON: NYC60-2606, ATTN: LOUIS BODI, VP**

4. THE FINANCIAL STATEMENT covers the following subject:

**ALL ASSETS OF THE DEBTOR.**

5. ALTERNATIVE ORIGINATOR (if applicable)	LIENSEE/LESSOR	COVERED/UNCOVERED	SALE/LEASE/LOAN	WELL/ILL/OTHER	ASSET	NON-ASSET
6. FILE FINANCIAL STATEMENT (to be filed for record) (or recorded in the Public Recordation Office) (check appropriate)	7. ALTERNATIVE SEARCH REPORT (to be filed for record) (check appropriate)	8. ADDITIONAL FEE (check appropriate)	9. ALL OTHERS	10. OTHER 1	11. OTHER 2	

FILE WITH: DELAWARE, SECRETARY OF STATE [REFERENCE NO.: 15145.016]

FILING OFFICE COPY - UCC FINANCING STATEMENT (FORM UCC1) (REV. 05/22/02)

UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS (Read and Re-read CAREFULLY)

9. NAME OF FIRST DEBTOR (1a or 1b) ON RELATED FINANCING STATEMENT

1a ORGANIZATION'S NAME ROYALTY SECURITIZATION TRUST I		
OR	1b INDIVIDUAL'S LAST NAME	
	FIRST NAME	MIDDLE NAME, SUFFIX

10. MISCELLANEOUS:

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

11. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - Insert only one name (11a or 11b) - do not abbreviate or omit the name

11a ORGANIZATION'S NAME			
OR	11b INDIVIDUAL'S LAST NAME		
	FIRST NAME	MIDDLE NAME	SUFFIX
11c MAILING ADDRESS		CITY	STATE POSTAL CODE COUNTRY
11d. 25% INSTRUCTIONS	11e. TYPE OF ORGANIZATION	11f. JURISDICTION OF ORGANIZATION	11g. ORGANIZATIONAL D/E, if any <input type="checkbox"/> PHONE

12. ADDITIONAL SECURED PARTY'S or ASSIGNOR S/P'S NAME - Insert only one name (12a or 12b)

12a ORGANIZATION'S NAME			
OR	12b INDIVIDUAL'S LAST NAME		
	FIRST NAME	MIDDLE NAME	SUFFIX
12c MAILING ADDRESS		CITY	STATE POSTAL CODE COUNTRY

13. THIS FINANCING STATEMENT covers  interest to the debt or  all or part of the debt or  items if any.

14. Description of real estate:

16. Additional collateral description:

15. Name and address of a RECORD OWNER of above-described real estate. (Debtor does not have a record interest.)

17. Check only if applicable and check only one box.

Debtor is a  Trust or  Trustee acting with respect to property held in trust or  Decedent's Estate

18. Check only if applicable and check only one box.

- Debtor is a Trustee/TORC/LITIGANT
- Filed in connection with a Manufactured Home Transaction -- effective 30 years
- Filed in connection with a Public Finance Transaction -- effective 30 years

FILING OFFICE COPY - UCC FINANCING STATEMENT ADDENDUM (FORM UCC1Ad) (REV. 06/22/02)