

Form PTO-1594 (Rev. 06/04)
 OMB Collection 0851-0027 (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): <p style="text-align: center;">Pharmacia & Upjohn Caribe, Inc</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 Puerto Rico <input type="checkbox"/> Other _____ Citizenship (see guidelines) _____ Execution Date(s) <u>08/26/2004</u> Additional names of conveying parties attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	2. Name and address of receiving party(ies) <input type="checkbox"/> Yes Additional names, addresses, or citizenship attached? <input checked="" type="checkbox"/> No Name: <u>Pfizer Caribe Limited</u> Internet Address: _____ Street Address: <u>Coutts House, Le Truchot</u> City: <u>St. Peter Port</u> State: _____ Country: <u>Guernsey, Channel Islands</u> Zip: <u>GY1 1WD</u> <input type="checkbox"/> Association Citizenship _____ <input type="checkbox"/> General Partnership Citizenship _____ <input type="checkbox"/> Limited Partnership Citizenship _____ <input type="checkbox"/> Corporation Citizenship _____ <input checked="" type="checkbox"/> Other <u>Company</u> Citizenship <u>Guernsey</u> 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)
3. Nature of conveyance: <input type="checkbox"/> Assignment <input type="checkbox"/> Merger <input type="checkbox"/> Security Agreement <input type="checkbox"/> Change of Name <input checked="" type="checkbox"/> Other party previously recorded on Reel 003007, Frame 0207	

4. Application number(s) or registration number(s) and Identification or description of the Trademark. A. Trademark Application No.(s) <p style="text-align: center;"><u>751603,337</u></p>	B. Trademark Registration No.(s) Additional sheet(s) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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C. Identification or Description of Trademark(s) (and Filing Date if Application or Registration Number is unknown):

ZYVOX

6. Name & address of party to whom correspondence concerning document should be mailed: Name: <u>J. Paul Williamson, Esq.</u> Internal Address: _____ <p style="text-align: center;"><u>Fulbright & Jaworski L.L.P.</u></p> Street Address: _____ <p style="text-align: center;"><u>801 Pennsylvania Avenue, NW</u></p> City: <u>Washington</u> State: <u>DC</u> Zip: <u>20004</u> Phone Number: <u>(202) 662-0200</u> Fax Number: <u>(202) 662-4643</u> Email Address: <u>wotradsmark@fulbright.com</u>	6. Total number of applications and registrations involved: 1 7. Total fee (37 CFR 2.6(b)(6) & 3.41) \$ <u>40.00</u> <input checked="" type="checkbox"/> Authorized to be charged by credit card <input type="checkbox"/> Authorized to be charged to deposit account <input type="checkbox"/> Enclosed
8. Payment information: a. Credit Card Last 4 Numbers <u>1009</u> Expiration Date <u>3/06</u> b. Deposit Account Number _____ Authorized User Name _____	

9. Signature: <u>J. Paul Williamson</u> <p style="text-align: center;">Signature</p> <p style="text-align: center;">J. Paul Williamson</p> <p style="text-align: center;">Name of Person Signing</p>	Date <u>1/14/05</u> Total number of pages including cover sheet, attachments, and document: 2
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Documents to be recorded (including cover sheet) should be faxed to (703) 306-9898, or mailed to: Mail Stop Assignment Recordation Services, Director of the USPTO, P.O. Box 1460, Alexandria, VA 22313-1460

SEE ATTACHED IF THIS IS ILLEGIBLE

TRADEMARK
 REEL: 003023 FRAME: 0827

TRADEMARK ASSIGNMENT

Electronic Version v1.1
 Stylesheet Version v1.1

01/12/2005
 900017874

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	MERGER
EFFECTIVE DATE:	08/26/2004

CONVEYING PARTY DATA

Name	Formerly	Execution Date	Entity Type
Pharmacia & Upjohn Caribe, Inc		08/26/2004	COMPANY: PUERTO RICO

RECEIVING PARTY DATA

Name:	Pfizer Caribe Limited
Street Address:	Coutts House, Le Truchot, St. Peter Port
City:	Guernsey
State/Country:	UNITED KINGDOM
Postal Code:	GY1 1WD
Entity Type:	Company organized in Jersey: UNITED KINGDOM

PROPERTY NUMBERS Total: 1

Property Type	Number	Word Mark
Serial Number:	75603337	ZYVOX

CORRESPONDENCE DATA

Fax Number: (202)662-4643
Correspondence will be sent via US Mail when the fax attempt is unsuccessful.
 Phone: (202) 662-0200
 Email: wotrademark@fulbright.com
 Correspondent Name: J. Paul Williamson, Esq.
 Address Line 1: Fulbright & Jaworski L.L.P.
 Address Line 2: 801 Pennsylvania Avenue, NW
 Address Line 4: Washington, DISTRICT OF COLUMBIA 20004

DOMESTIC REPRESENTATIVE

Name:
 Address Line 1:
 Address Line 2:

OP \$40.00 75603337

Address Line 3:	
Address Line 4:	
NAME OF SUBMITTER:	J. Paul Williamson
Signature:	/jpw/
Date:	01/12/2005
Total Attachments: 1 source=P&U Caribe#page1.tif	



CERTIFIED TRUE COPY

CERTIFICATE OF AMALGAMATION

M.C. Leese
Advocate

**OGIER & LE MASURIER
COUTTS HOUSE
LE TRUCHOT
ST PETER PORT
GUERNSEY
GY1 1WD**

I Hereby Certify

that, in accordance with the Amalgamation of Companies Ordinance, 1997, the following companies have amalgamated:-

PFIZER CARIBE LIMITED - 42047

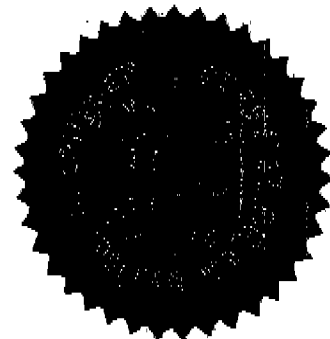
PHARMACIA AND UPJOHN CARIBE, INC
(a company registered on the records of Puerto Rico)

and are to continue as the following company:-

PFIZER CARIBE LIMITED

This Certificate shall have effect on the 26th day of August, 2004.

Her Majesty's Deputy Greffier.



Box 1: Name of Conveying Party and Execution Date:

Pharmacia & Upjohn Caribe, Inc.

Corporation - State: **Puerto Rico**

Execution Date: **08/26/2004**

Box 2: Name and address of Receiving Party:

Pfizer Caribe Limited

Coutts House, Le Truchot

St. Peter Port

Guernsey, Channel Islands GY1 1WD

Other Company Citizenship **Guernsey**

Box 3: Nature of Conveyance:

Other **Correction of country of incorporation and address for receiving party previously recorded at Reel 003007, Frame 0207**

Box 4: Application/Registration Nos.

75/603,337

ZYVOX

Box 5: Correspondence Name and Address:

**J. Paul Williamson, Esq.
Fulbright & Jaworski L.L.P.
801 Pennsylvania Avenue, NW
Washington, DC 20004**

Box 6: Total Number of Applications and Registrations Involved: **One (1)**

Box 7: Total Fee: \$40.00: **ALREADY PAID**

Box 8: Credit Card Information: **ALREADY PAID**

Box 9: Signed by **J. Paul Williamson** on **January 14, 2005**