

Form PTO-1594
(Rev. 03/01)
OMB No. 0651-0027 (exp. 5/31/2002)

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:
Genetic Laboratories Wound Care, Inc.

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

Additional names of conveying parties attached? Yes No

2. Name and address of receiving party:
Name: Derma Sciences, Inc.
Address: _____
Internal Address: 214 Carnegie Center, Suite 100
City: Princeton State: New Jersey Zip: 08540

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

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)
Additional name(s) & address(es) attached? Yes No

3. Nature of conveyance:
 Assignment: Merger
 Security Agreement Change of Name
 Other _____

Execution Date: December 28, 1999

4. Application numbers or registration numbers:
A. Trademark Application No.
None.

Additional numbers attached Yes No

B. Trademark Registration Nos.
1,370,707 1,035,561

5. Name and address of party to whom correspondence concerning document should be mailed:
Name: Constance M. Jordan
Internal Address: Stinson Morrison Hecker LLP

Street Address: 1201 Walnut Street

City: Kansas City State: Missouri Zip: 64106-2150

6. Total number of applications and registrations involved: 2

7. Total fee (37 CFR 3.41)..... \$ 65.00
 Enclosed
 Authorized to be charged to deposit account

8. Deposit account number:
19-4409
(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.

Constance M. Jordan Constance M. Jordan February 25, 2005
Name of Person Signing Signature Date

Total number of pages including cover sheet, attachments, and document: 2

Mail documents to be recorded with required cover sheet information to:
Mail Stop Assignment Recordation Services
Director of the United States Patent and Trademark Office
P.O. Box 1450, Alexandria, VA 22313-1450

CH \$65.00 194409 1370707

5U-819

State of Minnesota

SECRETARY OF STATE*Certificate of Merger*

I, Mary Kiffmeyer, Secretary of State of Minnesota, certify that: the documents required to effectuate a merger between the entities listed below and designating the surviving entity, have been filed in this office on the date noted on this certificate; and the qualification of any non-surviving entity to do business in Minnesota is terminated on the effective date of this merger.

Merger Filed Pursuant to Minnesota Statutes, Chapter: 302A

State of Formation and Names of Merging Entities:

PA: DERMA SCIENCES, INC.

MN: GENETIC LABORATORIES WOUND CARE, INC.

State of Formation and Name of Surviving Entity:

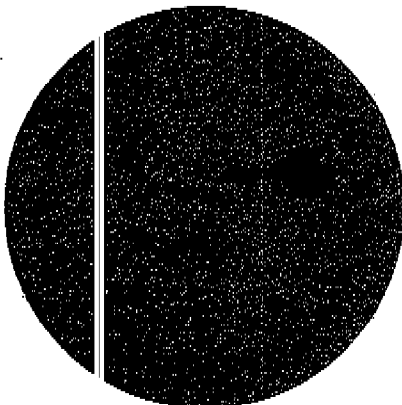
PA: DERMA SCIENCES, INC.

Effective Date of Merger: December 28, 1999

Name of Surviving Entity After Effective Date of Merger:

DERMA SCIENCES, INC.

This certificate has been issued on: December 28, 1999.



Mary Kiffmeyer
Secretary of State.