

Form PTO-1594 (Rev. 03/05)  
OMB Collection 0651-0027 (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):

**VBI, Inc.**

- ☐ Individual(s)      ☐ Association  
☐ General Partnership      ☐ Limited Partnership  
☒ Corporation- State: California  
☐ Other \_\_\_\_\_

Citizenship (see guidelines) \_\_\_\_\_

Additional names of conveying parties attached? ☐ Yes ☒ No

### 3. Nature of conveyance /Execution Date(s) :

Execution Date(s) May 14, 2002

- ☐ Assignment      ☐ Merger  
☐ Security Agreement      ☒ Change of Name  
☐ Other \_\_\_\_\_

### 2. Name and address of receiving party(ies)

Additional names, addresses, or citizenship attached? ☐ Yes ☒ No

Name: Vasqane Therapeutics, Inc.

Internal

Address: \_\_\_\_\_

Street Address: 4 Hook Road

City: Sharon Hill

State: Pennsylvania

Country: U.S.A. Zip: 19079

- ☐ Association      Citizenship \_\_\_\_\_  
☐ General Partnership      Citizenship \_\_\_\_\_  
☐ Limited Partnership      Citizenship \_\_\_\_\_  
☒ Corporation      Citizenship California  
☐ Other \_\_\_\_\_      Citizenship \_\_\_\_\_

If assignee is not domiciled in the United States, a domestic representative designation is attached: ☐ Yes ☒ No N/A  
(Designations must be a separate document from assignment)

### 4. Application number(s) or registration number(s) and identification or description of the Trademark.

A. Trademark Application No.(s)

76/372,120

B. Trademark Registration No.(s)

N/A

Additional sheet(s) attached? ☐ Yes ☒ No

C. Identification or Description of Trademark(s) (and Filing Date if Application or Registration Number is unknown):

VEGLIN

### 5. Name & address of party to whom correspondence concerning document should be mailed:

Name: Martha F. Reilly, Esquire

Internal Address: Fox Rothschild LLP  
10th Floor

Street Address: 2000 Market Street

City: Philadelphia

State: Pennsylvania Zip: 19103

Phone Number: (215) 299-2784

Fax Number: (215) 299-2150

Email Address: mreilly@foxrothschild.com

### 6. Total number of applications and registrations involved:

1

### 7. Total fee (37 CFR 2.6(b)(6) & 3.41) \$ 40.00

- ☐ Authorized to be charged by credit card  
☒ Authorized to be charged to deposit account  
☐ Enclosed

### 8. Payment Information:

a. Credit Card      Last 4 Numbers N/A  
Expiration Date \_\_\_\_\_

b. Deposit Account Number 50-1943

Authorized User Name Tristram R. Fall, III, Esq.

### 9. Signature:



Signature

4/27/05

Date

Tristram R. Fall, III

Name of Person Signing

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

Documents to be recorded (including cover sheet) should be faxed to (703) 306-5995, or mailed to:  
Mail Stop Assignment Recordation Services, Director of the USPTO, P.O. Box 1450, Alexandria, VA 22313-1450

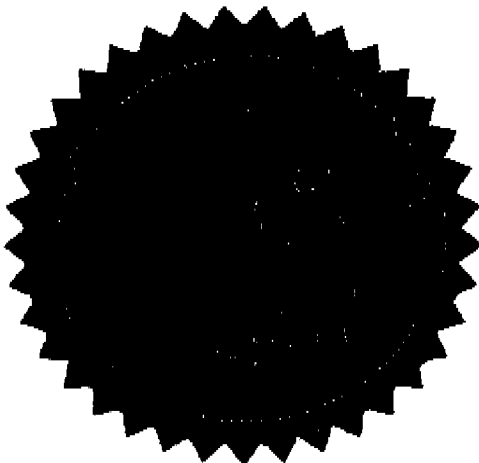
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**SECRETARY OF STATE****CERTIFICATE OF FILING**

I, KEVIN SHELLEY, Secretary of State of the State of California, hereby certify:

That on the **14th day of May, 2002**, there was filed in this office an amendment changing the corporation name from **VBI, INC.**, a California corporation, to **VASGENE THERAPEUTICS, INC.**

IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of January 5, 2005.



*Kevin Shelley*  
KEVIN SHELLEY  
Secretary of State

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