

Form PTO-1594 (Rev. 07/05)  
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## 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.

<p><b>1. Name of conveying party(ies):</b>                  Beckman Instruments, Inc.</p> <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: <u>Delaware</u>  <input type="checkbox"/> Other _____</p> <p>Citizenship (see guidelines) _____</p> <p>Additional names of conveying parties attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><b>2. Name and address of receiving party(ies)</b> <input type="checkbox"/> Yes                  Additional names, addresses, or citizenship attached? <input checked="" type="checkbox"/> No</p> <p>Name: <u>Beckman Coulter, Inc.</u></p> <p>Internal Address: _____</p> <p>Street Address: <u>4300 N. Harbor Boulevard</u></p> <p>City: <u>Fullerton</u></p> <p>State: <u>California</u></p> <p>Country: <u>United States</u>      Zip: <u>92834-3100</u></p> <p> <input type="checkbox"/> Association      Citizenship _____  <input type="checkbox"/> General Partnership      Citizenship _____  <input type="checkbox"/> Limited Partnership      Citizenship _____  <input checked="" type="checkbox"/> Corporation      Citizenship <u>Delaware</u>  <input type="checkbox"/> Other _____      Citizenship _____</p> <p>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)</p>
<p><b>3. Nature of conveyance /Execution Date(s) :</b></p> <p>Execution Date(s) <u>April 2, 1998</u></p> <p> <input type="checkbox"/> Assignment      <input type="checkbox"/> Merger  <input type="checkbox"/> Security Agreement      <input checked="" type="checkbox"/> Change of Name  <input type="checkbox"/> Other _____</p>	<p><b>4. Application number(s) or registration number(s) and Identification or description of the Trademark.</b></p> <p>A. Trademark Application No.(s) _____</p> <p>B. Trademark Registration No.(s)  <u>614804</u></p> <p style="text-align: right;">Additional sheet(s) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>C. Identification or Description of Trademark(s) (and Filing Date if Application or Registration Number is unknown):  <u>DU</u></p>
<p><b>5. Name &amp; address of party to whom correspondence concerning document should be mailed:</b></p> <p>Name: <u>Ladas &amp; Parry</u></p> <p>Internal Address: <u>ATTENTION: M. Iris Hess, Esq.</u></p> <p>Street Address: <u>5670 Wilshire Boulevard, Suite 2100</u></p> <p>City: <u>Los Angeles</u></p> <p>State: <u>California</u>      Zip: <u>90036</u></p> <p>Phone Number: <u>323-934-2300</u></p> <p>Fax Number: <u>323-923-0202</u></p> <p>Email Address: <u>mihess@ladas.com</u></p>	<p><b>6. Total number of applications and registrations involved:</b> <span style="border: 1px solid black; padding: 2px 10px;">1</span></p> <p><b>7. Total fee (37 CFR 2.6(b)(6) &amp; 3.41) \$</b> _____</p> <p> <input type="checkbox"/> Authorized to be charged by credit card  <input checked="" type="checkbox"/> Authorized to be charged to deposit account  <input type="checkbox"/> Enclosed</p> <p><b>8. Payment Information:</b></p> <p>a. Credit Card      Last 4 Numbers _____                  Expiration Date _____</p> <p>b. Deposit Account Number <u>12-0415</u>                  Authorized User Name _____</p>
<p><b>9. Signature:</b> <u>M. Iris Hess</u>      <u>September 29, 2005</u></p> <p style="text-align: center;">Signature      Date</p> <p style="text-align: center;">_____                  M. Iris Hess, Esq.                  Name of Person Signing</p> <p style="text-align: right;">Total number of pages including cover sheet, attachments, and document: <span style="border: 1px solid black; padding: 2px 10px;">3</span></p>	

Documents to be recorded (including cover sheet) should be faxed to (571) 273-0140, or mailed to:  
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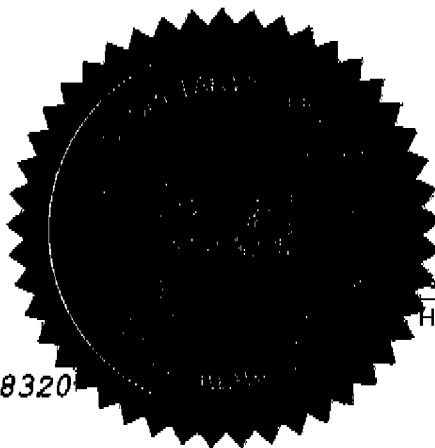
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# Delaware

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*The First State*

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "BECKMAN INSTRUMENTS, INC.", FILED A RESTATED CERTIFICATE, CHANGING ITS NAME TO "BECKMAN COULTER, INC.", THE SECOND DAY OF APRIL, A.D. 1998, AT 2:30 O'CLOCK P.M.



*Harriet Smith Windsor*

Harriet Smith Windsor, Secretary of State

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