

Form PTO-1594 (Rev. 07/05)  
OMB Collection 0651-0027 (exp. 6/30/2008)

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):**

Access National Bank, a Virginia association

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

Citizenship (see guidelines) Virginia

Additional names of conveying parties attached?  Yes  No

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

Execution Date(s) 10/25/2006

- Assignment
- Security Agreement
- Other Release of Security Interest
- Merger
- Change of Name

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

Additional names, addresses, or citizenship attached?  Yes  No

Name: Care Fusion, Inc.

Internal

Address: 3rd Floor

Street Address: 12120 Sunset Hills Road

City: Reston

State: Virginia

Country: United States Zip: 20190

- Association Citizenship \_\_\_\_\_
- General Partnership Citizenship \_\_\_\_\_
- Limited Partnership Citizenship \_\_\_\_\_
- Corporation Citizenship Delaware
- Other \_\_\_\_\_ Citizenship \_\_\_\_\_

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)

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

A. Trademark Application No.(s)

B. Trademark Registration No.(s)

1) 2,908,615; 2) 2,901,516; and 3) 2,768,161

Additional sheet(s) attached?  Yes  No

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

1) CARE FUSION (class 9); 2) CARE FUSION SOLUTIONS AT THE POINT OF CARE (and Design) (class 9) ; and 3) CARE FUSION (class 9).

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

Name: Michael D. Steffensmeier

Internal Address: Legal Department

Street Address: 7000 Cardinal Place

City: Dublin

State: Ohio Zip: 43017

Phone Number: 614-757-7861

Fax Number: 614-757-2243

Email Address: mike.steffensmeier@cardinal.com

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

3

**7. Total fee (37 CFR 2.6(b)(6) & 3.41) \$ 90.00**

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

**8. Payment Information:**

a. Credit Card Last 4 Numbers \_\_\_\_\_  
Expiration Date \_\_\_\_\_

b. Deposit Account Number 50-0256

Authorized User Name Mike Steffensmeier

**9. Signature:**

*Michael D. Steffensmeier*  
Signature

February 9, 2007

Date

Michael D. Steffensmeier

Name of Person Signing

Total number of pages including cover sheet, attachments, and document: 4

Documents to be recorded (including cover sheet) should be faxed to (571) 273-0140, or mailed to: Mail Stop Assignment Recordation Services, Director of the USPTO, P.O. Box 1460, Alexandria, VA 22313-1460

TRADEMARK

REEL: 003480 FRAME: 0234

700310273

**UCC FINANCING STATEMENT AMENDMENT**

**FOLLOW INSTRUCTIONS (front and back) CAREFULLY**

**A. NAME & PHONE OF CONTACT AT FILER (optional)**  
 Maurice Sloan 703-671-2110

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

Federal Research Co.  
 1023 Fifteenth Street NW  
 Suite 401  
 Washington, DC 20005

DELAWARE DEPARTMENT OF STATE  
 U.C.C. FILING SECTION  
 FILED 01:51 PM 10/25/2006  
 INITIAL FILING NUM: 6258515 6  
 AMENDMENT NUMBER: 6372863 1  
 SRV: 060979957

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a. INITIAL FINANCING STATEMENT FILE # **6258515 6**      1b. This FINANCING STATEMENT AMENDMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS.

**Delaware**

2. **TERMINATION:** Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement.

3. **CONTINUATION:** Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law.

4. **ASSIGNMENT (all or part):** Give name of assignee in Item 7a or 7b and address of assignee in Item 7c, and also give names of assignor in Item 8.

5. **AMENDMENT PARTY INFORMATION:** This Amendment affects  Debtor  Debtor Party of record. Check only one of these two boxes.

Also check one of the following three boxes and provide appropriate information in Items 6 and/or 7.

CHANGE name and/or address: Follow only the applicable instructions above to determine the correct address of a party.       CREDIT repair: Give record name to be changed in Item 6a or 6b.       ADDRESS: Complete Item 7a, and/or Item 7c; also complete Item 7d, if applicable.

6. **CURRENT RECORD INFORMATION:**

6a. ORGANIZATION'S NAME  
**Care Fusion, Inc.**

OR

6b. INDIVIDUAL'S LAST NAME      FIRST NAME      MIDDLE NAME      SUFFIX

7. **CHANGED (NEW) OR ADDED INFORMATION:**

7a. ORGANIZATION'S NAME

OR

7b. INDIVIDUAL'S LAST NAME      FIRST NAME      MIDDLE NAME      SUFFIX

7c. MAILING ADDRESS      CITY      STATE      POSTAL CODE      COUNTRY

7d. TYPE OF ORGANIZATION      7e. JURISDICTION OF ORGANIZATION      7f. ORGANIZATIONAL ID #, if any  NONE

8. **AMENDMENT (COLLATERAL CHANGE):** check only one box.  
 Describe collateral  deleted or  added, or give entire  revised collateral description, or describe collateral  assigned.

9. **NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT (name of assignor, if this is an Assignment). If this is an Amendment authorized by a Debtor which adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here  and enter name of DEBTOR authorizing this Amendment.**

9a. ORGANIZATION'S NAME  
**Access National Bank**

OR

9b. INDIVIDUAL'S LAST NAME      FIRST NAME      MIDDLE NAME      SUFFIX

10. OPTIONAL FILER REFERENCE DATA

FILING OFFICE COPY — UCC FINANCING STATEMENT AMENDMENT (FORM UCC3) (REV. 08/22/02)

TRADEMARK  
 REEL: 003480 FRAME: 0235

# FEDERAL RESEARCH

An Affiliate of CBCInnovis

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DATE FILED: 10-25-06  
JURISDICTION FILED: DE, Secretary of State  
TIME FILED: 1:51 PM  
DEBTOR NAME: CARE FUSION, INC.  
FILE NUMBER: 6372863 1  
LIBER / FOLIO: N/A

In accordance with Revised Article 9, UCC-1 filings made prior to 7/1/2001 will transition to the Revised Article jurisdiction over the next 5 years and UCC-3 Continuations can be filed under the rules of Revised Article 9 beginning 1/1/2001. Proper due diligence can be conducted by performing all UCC debtor searches in both the old Article 9 and the Revised Article 9 jurisdictions. FRC accepts no responsibility for omissions resulting from an incomplete search request.

Responsibility for verification of the files and perfection of the information therein lies with the filing officer of each jurisdiction; we accept no liability for errors or omissions. We also do not accept responsibility for your choice of delivery service.

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