

**TRADEMARK ASSIGNMENT**

Electronic Version v1.1  
 Stylesheet Version v1.1

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	CHANGE OF NAME		
<b>CONVEYING PARTY DATA</b>			
<b>Name</b>	<b>Formerly</b>	<b>Execution Date</b>	<b>Entity Type</b>
PerkinElmer LAS, Inc.		01/01/2009	CORPORATION: DELAWARE
<b>RECEIVING PARTY DATA</b>			
<b>Name:</b>	PerkinElmer Health Sciences, Inc.		
<b>Street Address:</b>	940 Winter Street		
<b>City:</b>	Waltham		
<b>State/Country:</b>	MASSACHUSETTS		
<b>Postal Code:</b>	02451		
<b>Entity Type:</b>	CORPORATION: DELAWARE		
<b>PROPERTY NUMBERS Total: 1</b>			
<b>Property Type</b>	<b>Number</b>	<b>Word Mark</b>	
<b>Serial Number:</b>	77515043	VALISCREEN	
<b>CORRESPONDENCE DATA</b>			
<b>Fax Number:</b>	(617)507-2449		
	<i>Correspondence will be sent via US Mail when the fax attempt is unsuccessful.</i>		
<b>Phone:</b>	617-426-5553		
<b>Email:</b>	hiebert@samuelsTM.com		
<b>Correspondent Name:</b>	Timothy H. Hiebert		
<b>Address Line 1:</b>	Two International Place, 23rd Floor		
<b>Address Line 4:</b>	Boston, MASSACHUSETTS 02110-4104		
<b>ATTORNEY DOCKET NUMBER:</b>	PERKINELMER		
<b>NAME OF SUBMITTER:</b>	Timothy H. Hiebert		
<b>Signature:</b>	/Timothy H. Hiebert/		
<b>Date:</b>	05/20/2009		

CH \$40.00 77515043

Total Attachments: 0

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