

**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>      |  |                              |                         |
| Name                             | Formerly   | Execution Date               | Entity Type             |
| Excerpta Medica Inc.             |  | 09/23/2010                   | CORPORATION: NEW JERSEY |
| <b>RECEIVING PARTY DATA</b>      |  |                              |                         |
| Name:                            | Elsevier HS Journals Inc.  |                              |                         |
| Street Address:                  | 105 Raider Boulevard   |                              |                         |
| City:                            | Belle Mead   |                              |                         |
| State/Country:                   | NEW JERSEY   |                              |                         |
| Postal Code:                     | 08502  |                              |                         |
| Entity Type:                     | CORPORATION: NEW JERSEY  |                              |                         |
| <b>PROPERTY NUMBERS Total: 3</b> |  |                              |                         |
| Property Type                    | Number   | Word Mark                    |                         |
| Registration Number:             | 2264497  | CLINICAL CORNERSTONE         |                         |
| Registration Number:             | 1421858  | CLINICAL THERAPEUTICS        |                         |
| Registration Number:             | 1432892  | CURRENT THERAPEUTIC RESEARCH |                         |
| <b>CORRESPONDENCE DATA</b>       |  |                              |                         |
| Fax Number:                      | (302)884-8300  |                              |                         |
|                                  | <i>Correspondence will be sent via US Mail when the fax attempt is unsuccessful.</i> |                              |                         |
| Phone:                           | 302-884-8309   |                              |                         |
| Email:                           | jacqueline.gregorski@lexisnexis.com  |                              |                         |
| Correspondent Name:              | Jacqueline Gregorski   |                              |                         |
| Address Line 1:                  | 1105 North Market Street   |                              |                         |
| Address Line 2:                  | Suite 501  |                              |                         |
| Address Line 4:                  | Wilmington, DELAWARE 19801   |                              |                         |
| ATTORNEY DOCKET NUMBER:          | EXCERPTA MEDICA NC   |                              |                         |
| NAME OF SUBMITTER:               | Jacqueline Gregorski   |                              |                         |

OP \$90.00 2264497

**900172867**

**TRADEMARK  
 REEL: 004288 FRAME: 0069**

|  |                        |
|--|------------------------|
| Signature:   | /Jacqueline Gregorski/ |
| Date:  | 10/01/2010             |
| Total Attachments: 2<br>source=Exceprta Medica-NJ-bs#page1.tif<br>source=Exceprta Medica-NJ-bs#page2.tif |                        |

REG-C-EA  
(08-05)

STATE OF NEW JERSEY  
DIVISION OF REVENUE

Mail to: PO Box 308  
Trenton, NJ 08646

BUSINESS ENTITY AMENDMENT FILING

SEE REQUIRED

Complete the following information and sign in the space provided. Please note that once filed, the information on this page is considered public. Refer to the instructions for delivery/return options, filing fees and field-by-field requirements. Remember to remit the appropriate fee amount for this filing. Use attachments if more space is required for any field, or if you wish to add articles for the public record.

A. Business Name: Excerpta Medica, Inc.

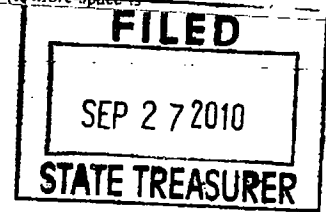
Business Entity NJ 10-digit ID number: 3 7 8 9 6 7 7 2 0 0

B. Statutory Authority for Amendment: 14A:9-2(4) & 14A:9-4(3) (See Instructions for List of Statutory Authorities)

C. ARTICLE FIRST OF THE CERTIFICATE of the above referenced business is amended to read as follows. (If more space is necessary, use attachment)

SEE ATTACHED

CGN



D. Other Provisions: (Optional)

E. Date Amendment was Adopted: September 23, 2010

F. CERTIFICATION OF CONSENT/VOTING: (If required by one of the following laws cited, certify consent/voting)  
N.J.S.A. 14A:9-1 et seq. or N.J.S.A. 15A:9-1 et seq., Profit and Non-Profit Corps. Amendment by the Incorporators

Amendment was adopted by unanimous consent of the Incorporators.

N.J.S.A. 14A:9-2(4) and 14A:9-4(3), Profit Corps. Amendment by the Shareholders

Amendment was adopted by the Directors and thereafter adopted by the shareholders.

Number of shares outstanding at the time the amendment was adopted 3900 and total number of shares entitled to vote thereon 3900. If applicable, list the designation and number of each class/series of shares entitled to vote:

3789677200

List votes for and against amendment, and if applicable, show the vote by designation and number of each class/series of shares entitled to vote:

Number of Shares Voting for Amendment  
3900

Number of Shares Voting Against Amendment  
0

\*\* If the amendment provides for the exchange, reclassification, or cancellation of issued shares, attach a statement indicating the manner in which same shall be effected.

N.J.S.A. 15A:9-4, Non-profit Corps., Amendment by Members or Trustees

The corporation has  does not have  members.

If the corporation has members, indicate the number entitled to vote \_\_\_\_\_ and how voting was accomplished:

At a meeting of the corporation. Indicate the number VOTING FOR \_\_\_\_\_ and VOTING AGAINST \_\_\_\_\_. If any class(es) of members may vote as a class, set forth the number of members in each class, the votes for and against by class, and the number present at the meeting:  
Class                      Number of Members                      Voting for Amendment                      Voting Against Amendment

Adoption was by unanimous written consent without a meeting.

If the corporation does not have members, indicate the total number of Trustees \_\_\_\_\_ and how voting was accomplished:

At a meeting of the corporation. The number of Trustees VOTING FOR \_\_\_\_\_ and VOTING AGAINST \_\_\_\_\_

Adoption was by unanimous written consent without a meeting.

G. AGENT/OFFICE CHANGE

New Registered Agent:

Registered Office: ( Must be a NJ street address)

Street \_\_\_\_\_

City \_\_\_\_\_

Zip \_\_\_\_\_

H. SIGNATURE(S) FOR THE PUBLIC RECORD (See Instructions for Information on Signature Requirements)

Signature Renee Simonton Title Renee Simonton, Vice President Date 9/23/2010

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

The above-signed certifies that the business entity has complied with all applicable NJ statutory filing requirements

**"FIRST: The name of the corporation is Elsevier HS Journals Inc."**