

TRADEMARK ASSIGNMENT

Electronic Version v1.1
 Stylesheet Version v1.1

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	MERGER		
EFFECTIVE DATE:	12/31/2010		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
PeopleMed.com, Inc.		12/22/2010	CORPORATION: COLORADO
RECEIVING PARTY DATA			
Name:	Global Med Technologies, Inc.		
Street Address:	4925 RJ Mathews Pkwy., Suite 100		
City:	El Dorado Hills		
State/Country:	CALIFORNIA		
Postal Code:	95762		
Entity Type:	CORPORATION: COLORADO		
PROPERTY NUMBERS Total: 2			
Property Type	Number	Word Mark	
Registration Number:	2528069	PEOPLEMED	
Registration Number:	3898615	PEOPLEMED	
CORRESPONDENCE DATA			
Fax Number:	(781)356-3558		
	<i>Correspondence will be sent via US Mail when the fax attempt is unsuccessful.</i>		
Phone:	781-356-9377		
Email:	jperullo@haemonetics.com		
Correspondent Name:	John F. Perullo, Esq.		
Address Line 1:	400 Wood Road		
Address Line 4:	Braintree, MASSACHUSETTS 02184		
ATTORNEY DOCKET NUMBER:	PM2GMT		
NAME OF SUBMITTER:	Mary T. Kinsella		
Signature:	/mtk/		

CH \$65.00 2528069

900183739

TRADEMARK
REEL: 004475 FRAME: 0425

Date:

02/11/2011

Total Attachments: 4

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SECRETARY OF STATE
STATE OF COLORADO

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Statement of Merger

(Surviving Entity is a Domestic Entity)

filed pursuant to § 7-90-203.7 of the Colorado Revised Statutes (C.R.S.)

1. For each merging entity, its ID number (if applicable), entity name or true name, form of entity, jurisdiction under the law of which it is formed, and principal address are

ID Number	19991090262		
	<i>(Colorado Secretary of State ID number)</i>		
Entity name or true name	PeopleMed.com, Inc.		
Form of entity	Corporation		
Jurisdiction	Colorado		
<u>Street</u> address	12600 W. Colfax Ave., Ste C-420		
	<i>(Street number and name)</i>		
	Lakewood	CO	80215
	<i>(City)</i>	<i>(State)</i>	<i>(ZIP/Postal Code)</i>
		United States	
	<i>(Province - if applicable)</i>	<i>(Country)</i>	
<u>Mailing</u> address			
(leave blank if same as street address)	<i>(Street number and name or Post Office Box information)</i>		
	<i>(City)</i>	<i>(State)</i>	<i>(ZIP/Postal Code)</i>
	<i>(Province - if applicable)</i>	<i>(Country)</i>	

ID Number			
	<i>(Colorado Secretary of State ID number)</i>		
Entity name or true name			
Form of entity			
Jurisdiction			

Street address

(Street number and name)

(City) *(State)* *(ZIP/Postal Code)*

(Province – if applicable) *(Country)*

Mailing address

(leave blank if same as street address)

(Street number and name or Post Office Box information)

(City) *(State)* *(ZIP/Postal Code)*

(Province – if applicable) *(Country)*

ID Number

(Colorado Secretary of State ID number)

Entity name or true name

Form of entity

Jurisdiction

Street address

(Street number and name)

(City) *(State)* *(ZIP/Postal Code)*

(Province – if applicable) *(Country)*

Mailing address

(leave blank if same as street address)

(Street number and name or Post Office Box information)

(City) *(State)* *(ZIP/Postal Code)*

(Province – if applicable) *(Country)*

(If the following statement applies, adopt the statement by marking the box and include an attachment.)

- There are more than three merging entities and the ID number (if applicable), entity name or true name, form of entity, jurisdiction under the law of which it is formed, and the principal address of each additional merging entity is stated in an attachment.

2. For the surviving entity, its entity ID number (if applicable), entity name or true name, form of entity, jurisdiction under the law of which it is formed, and principal address are

ID Number

19891060626

(Colorado Secretary of State ID number)

Entity name or true name

Global Med Technologies, Inc.

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8. The true name and mailing address of the individual causing this document to be delivered for filing are

Benson		Jacqueline	
<i>(Last)</i>		<i>(First)</i>	<i>(Middle)</i> <i>(Suffix)</i>
c/o Moye White LLP			
<i>(Street number and name or Post Office Box information)</i>			
1400 16th St., 6th Floor			
Denver		CO	80202
<i>(City)</i>		<i>(State)</i>	<i>(ZIP/Postal Code)</i>
United States			
<i>(Province - if applicable)</i>		<i>(Country)</i>	

(If applicable, adopt the following statement by marking the box and include an attachment.)

- This document contains the true name and mailing address of one or more additional individuals causing the document to be delivered for filing.

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