

FORM PTO-1618a
Expires 06/30/99
OMB 0651-0027

U.S. Department of Commerce
Patent and Trademark Office
TRADEMARK

RECORDATION FORM COVER SHEET TRADEMARKS ONLY

TO: The Commissioner of Patents and Trademarks: Please record the attached original document(s) or copy(ies)

Submission Type <input checked="" type="checkbox"/> New <input type="checkbox"/> Resubmission (Non-Recordation) Document ID# _____ <input type="checkbox"/> Correction of PTO Error Reel # _____ Frame # _____ <input type="checkbox"/> Corrective Document Reel # _____ Frame # _____	Conveyance Type <input checked="" type="checkbox"/> Assignment <input type="checkbox"/> License <input type="checkbox"/> Security Agreement <input type="checkbox"/> Nunc Pro Tunc Assign. Effective Date _____ Month Day Year <input type="checkbox"/> Merger <input type="checkbox"/> Change of Name <input type="checkbox"/> Other: _____
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Conveying Party Mark if additional names of conveying parties attached

Name: AstraZeneca AB Execution Date 8/17/01
 Formerly: _____ Month Day Year

Individual General Partnership Limited Partnership Corporation Association

Other: _____

Citizenship/State of Incorporation/Organization: Sweden

Receiving Party Mark if additional names of receiving parties attached

Name: NeoSan Pharmaceuticals, Inc.

DBA/AKA/TA: _____

Composed of: _____

Address (line 1): 2320 Scientific Park Drive

Address (line 2): _____

Address (line 3): Wilmington North Carolina 28405
 City State/Country Zip Code

Individual General Partnership Limited Partnership If document to be recorded is an
 Corporation Association assignment and the receiving party is not
 Other: _____ domiciled in the U.S., an appointment of
 a domestic representative should be
 attached (separate document from
 Assignment)

Citizenship/State of Incorporation/Organization: Delaware

For Office Use Only

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Domestic Representative Name and Address

Enter for the First Receiving Party Only.

Name: _____

Address: _____

Address: _____

Address: _____

Address: _____

Correspondent Name and Address

Area Code and Telephone Number: 919-854-1400

Name: F. Michael Sajovec

Address: Post Office Box 37428

Address: Raleigh, NC 27627

Address: _____

Address: _____

Pages **Enter the total number of pages of the attached conveyance document including any attachments** # 2

Trademark Application Number(s) or Registration Number(s) Mark if additional numbers attached

Enter either the Application Number or the Registration Number (DO NOT ENTER BOTH)

Trademark Application Number(s):

Registration Number(s):
1179782 1094190 0942613 0942612

Number of Properties Enter the total number of properties involved: # 4

Fee Amount Fee Amount for Properties Listed (37 CFR 3.41): \$ 115.00

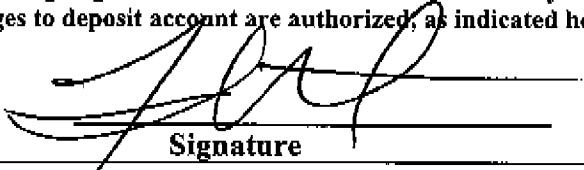
Method of Payment: Enclosed Deposit Account # 50-0220

Authorization to charge additional fees: Yes No

Statement of Signature

To the best of my knowledge and belief, the foregoing information is true and correct and any attached copy is a true copy of the original document. Charges to deposit account are authorized, as indicated herein.

F. Michael Sajovec
Name of Person Signing


Signature

10/22/01
Date Signed

ASSIGNMENT OF MARK AND REGISTRATION


WHEREAS, AstraZeneca AB, a corporation organized under the laws of Sweden ("Assignor") and NeoSan Pharmaceuticals Inc., a Delaware corporation ("Assignee"), have entered into an Asset Purchase Agreement dated as of July 25, 2001 (the "Purchase Agreement"), providing, among other things, for the purchase of certain assets of Assignor by Assignee;

WHEREAS, Assignor has adopted, used, and is using the mark and federal registration thereof identified in Schedule A attached hereto (the "Mark and Registration"), of which Assignor is the sole owner; and


NOW THEREFORE, for good and valuable consideration, receipt of which is hereby acknowledged, Assignor does hereby assign unto Assignee all right, title, and interest in and to the said Mark and Registration, together with the goodwill of the business symbolized by the said Mark and the Registration thereof.

ASTRAZENECA AB

Dated: August 17, 2001

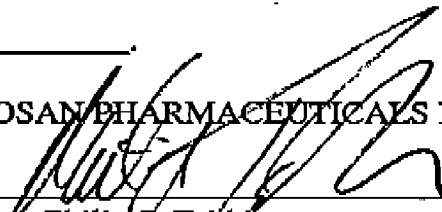
By: 
Name: Ann V. Booth-Barbarin
Title: Attorney-In-Fact

SWORN TO AND SUBSCRIBED before me this 17th day of August, 2001.



Notary Public
My commission expires 3-19-2002

NEOSAN PHARMACEUTICALS INC.

Dated: August 17, 2001

By: 
Name: Philip S. Tabbiner
Title: President

SWORN TO AND SUBSCRIBED before me this ___th day of August, 2001.


Notary Public
My commission expires 3-19-2002

SCHEDULE A

Mark

Registration No.

M.V.I. - 12
M.V.I.
Aquasol A
Aquasol E

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