

7-22-03

07-30-2003

Form PTO-1584 (Rev. 10/02) OM# No. 0851-0027 (exp. 8/30/2005) Tab settings



U.S. DEPARTMENT OF COMMERCE U.S. Patent and Trademark Office

To the Honorable Commissioner of Patents and Trademarks, 102632381 and original documents or copy thereof.

1. Name of conveying party(ies):  
 Transamerica Business Credit Corp.

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

Additional name(s) of conveying party(ies) attached?  Yes  No

2. Name and address of receiving party(ies)  
 Name: ~~Gaissance Pharmaceuticals, Inc.~~  
 Internal  
 Address: \_\_\_\_\_  
 Street Address: Five Science Park  
 City: New Haven State: CT Zip: 06511

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

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)  
 Additional name(s) & address(es) attached?  Yes  No

3. Nature of conveyance:  
 Assignment       Merger  
 Security Agreement       Change of Name  
 Other Security Release

Execution Date: January 13, 2003

4. Application number(s) or registration number(s):  
 A. Trademark Application No.(s)  
75/272,356  
75,233,034  
75,308,655

Additional number(s) attached  Yes  No

B. Trademark Registration No.(s)

5. Name and address of party to whom correspondence concerning document should be mailed:  
 Name: Melodie W. Henderson  
 Internal Address: ~~Gaissance Pharmaceuticals, Inc.~~  
 \_\_\_\_\_  
 Street Address: Five Science Park  
 \_\_\_\_\_  
 City: New Haven State: CT Zip: 06511

6. Total number of applications and registrations involved: .....  1

7. Total fee (37 CFR 3.41).....\$ \_\_\_\_\_  
 Enclosed  
 Authorized to be charged to deposit account

8. Deposit account number:  
50-1293

(Attach duplicate copy of this page if paying by deposit account)

DO NOT USE THIS SPACE

9. Statement and 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.

Melodie W. Henderson      Melodie W. Henderson      July 22, 2003  
 Name of Person Signing      Reg. No. 37,848      Signature      Date

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

Mail documents to be recorded with required cover sheet information to: Commissioner of Patent & Trademarks, Box Assignments Washington, D.C. 20231



# COPY

## UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER (optional)

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B. SEND ACKNOWLEDGMENT TO: (Name and Address)

David O'Meara  
Robinson & Cole LLP  
280 Trumbull Street  
Hartford, CT 06103-3597

SECRETARY OF THE STATE

JAN 13 2003

THE ABOVE SPACES FOR FILING OFFICE USE ONLY

1a. INITIAL FINANCING STATEMENT FILE # **0001923948 Filed 5/13/1999**

1b. This FINANCING STATEMENT AMENDMENT is to be filed (for record) or recorded in the REAL ESTATE RECORDS.

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 (AS or PARTLY):** Give name of assignee in item 7a or 7b and address of assignee in item 7c; and also give name of assignor in item 8.

5. **AMENDMENT (PARTY INFORMATION):** This Amendment affects  Debtor or  Secured 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:** Please refer to the detailed instructions in respect to changing the name of a party.

**DELETE name:** Give record name to be deleted in item 6a or 6b.

**ADD name:** Complete item 7a or 7b, and also item 7c. Also complete items 7d-7f (if applicable).

6. **CURRENT RECORD INFORMATION:**

6a. ORGANIZATION'S NAME

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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. REGISTRATION ADD'L INFO RE ORGANIZATION DEBTOR 7e. TYPE OF ORGANIZATION 7f. JURISDICTION OF ORGANIZATION 7g. ORGANIZATIONAL ID #, if any  NONE

8. **AMENDMENT (COLLATERAL CHANGE):** check only one box. Describe collateral  deleted or  added, or give entire  restricted 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 **TRANSAMERICA BUSINESS CREDIT CORPORATION**

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OR

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

10. **OPTIONAL FILER REFERENCE DATA**  
Debtor: Genessee Pharmaceuticals, Inc. Filed with: Connecticut Secretary of State

FILING OFFICE COPY — UCC FINANCING STATEMENT AMENDMENT (FORM UCC9) (REV. 05/22/02)  
CTUCC/FMAT: 10/01/02 CT System Online

SECRETARY OF THE STATE  
30 TRINITY STREET  
P.O. BOX 150470  
HARTFORD, CT 06115-0470

JANUARY 14, 2003

DAVID O'MEARA  
ROBINSON & COLE  
280 TRUMBULL STREET  
HARTFORD, CT 06103-3597

RE: Acceptance of UCC Filing

This letter is to confirm the acceptance of the following filing:

Work Order Number: 2003007508-001  
UCC Filing Number: 0002180258  
Reference Number: 0001923948  
Type of Request: AMENDMENT  
Date Accepted: JAN 13 2003  
Time Accepted: 11:50 AM  
Work Order Payment Received: 25.00  
Payment Received: 25.00  
Account Balance: 172.25  
Customer Id: 000414

A UCC filing report has been provided for verification.

LILLIAN FLETCHER  
Commercial Recording Division  
860-509-6002

UCC FILING REPORT

WORK ORDER NUMBER:2003007508-001  
UCC FILING NUMBER:0002180258

DEBTOR NAMES AND ADDRESSES:

NAME PREFIX:  
BUSINESS NAME:GENAISSANCE PHARMACEUTICALS, INC.  
NAME SUFFIX:  
ADDRESS:FIVE SCIENCE PARK  
CITY/STATE/ZIP:NEW HAVEN,CT 06511

SECURED PARTY NAMES AND ADDRESSES:

NAME PREFIX:  
BUSINESS NAME:TRANSAMERICA BUSINESS CREDIT CORPORATION  
NAME SUFFIX:  
ADDRESS:76 BATTERSON PARK ROAD  
CITY/STATE/ZIP:FARMINGTON,CT 06032

\*\* END OF REPORT \*\*