

11-03-2003

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Form PTO-1594 (Rev. 10/02) OMB No. 0651-0027 (exp. 6/30/2005)

REC 1



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

Tab settings

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To the Honorable Commissioner of Patents and Trademarks: Please record the attached original documents or copy thereof.

1. Name of conveying party(ies):

VM I Technologies Incorporated

- Individual(s), Association, General Partnership, Limited Partnership, Corporation-State, Other Canada Corporation

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

2. Name and address of receiving party(ies)

Name: VMI Medical, Inc.

Internal Address: 126 York St., 4th Floor

Street Address:

City: Ottawa State Ontario zip: K1N 5T5

- Individual(s) citizenship, Association, General Partnership, Limited Partnership, Corporation-State, Other Canada Corporation

If assignee is not domiciled in the United States, a domestic representative designation is attached: Yes No

3. Nature of conveyance:

- Assignment, Merger, Security Agreement, Change of Name, Other

Execution Date: August 27, 1998

4. Application number(s) or registration number(s):

A. Trademark Application No.(s)

B. Trademark Registration No.(s)

2, 108, 663

Additional number(s) attached Yes No

5. Name and address of party to whom correspondence concerning document should be mailed:

Name: Julianne Bochinski, Esq.

Internal Address: P.O. Box 2703

Street Address:

City: Westport State: CT Zip: 06880

6. Total number of applications and registrations involved:

1

7. Total fee (37 CFR 3.41) \$ 40.00

- Enclosed, Authorized to be charged to deposit account

8. Deposit account number:

(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.

Julianne Bochinski

Name of Person Signing

Signature

10/29/03

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

11/04/2003 6TDM11 00000035 2108663

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Ontario Corporation Number
Numéro de la société en Ontario

1120748



Ministry of
Consumer and
Ontario Commercial Relations

Ministère de
la Consommation
et du Commerce

CERTIFICATE
This is to certify that these
articles are effective on

CERTIFICAT
Ceci certifie que les présents
statuts entrent en vigueur le

SEPTEMBER 09 SEPTEMBRE, 1998

Sam D. Hill

Director / Directeur
Business Corporations Act / Loi sur les sociétés par actions

(4)

**ARTICLES OF AMENDMENT
STATUTS DE MODIFICATION**

Form 3
Business
Corporations
Act

Formule 3
loi sur les
sociétés par
actions

1. The name of the corporation is:

Dénomination sociale de la société:

V	M	I	T	E	C	H	N	O	L	O	G	I	E	S	I	N	C	O	R	P	O	R	A	T	E	D

2. The name of the corporation is changed to (if applicable):

Nouvelle dénomination sociale de la société (s'il y a lieu):

V	M	I	M	E	D	I	C	A	L	I	N	C	.													

3. Date of incorporation/amalgamation:

Date de la constitution ou de la fusion:

1995/04/28

(Year, Month, Day)
(année, mois, jour)

4. The articles of the corporation are amended as follows:

Les statuts de la société sont modifiés de la façon suivante.

To change the name of the Corporation from VMI Technologies Incorporated to VMI Medical Inc.

5. The amendment has been duly authorized as required by Sections 168 & 170 (as applicable) of the Business Corporations Act.

La modification a été dûment autorisée conformément aux articles 168 et 170 (selon le cas) de la Loi sur les sociétés par actions.

6. The resolution authorizing the amendment was approved by the shareholders/directors (as applicable) of the corporation on

Les actionnaires ou les administrateurs (selon le cas) de la société ont approuvé la résolution autorisant la modification le

1998/08/27

(Signature)

(Year, Month, Day)
(année, mois, jour)

These articles are signed in duplicate.

Les présents status sont signés en double exemplaire.

VMI TECHNOLOGIES INCORPORATED

(Name of Corporation)
(Dénomination sociale de la société)

By:/Par:

(Signature)

CEO

(Signature)
(Signature)

(Description of Office)
(Fonction)