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02-04-2005

FORM PTO-1594 (Substitute)

RE



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

To the Director of the U.S. Patent and Trademark Office

102934218

original documents or copy thereof.

1. Name of conveying party(ies):

Respironics Healthscan, Inc.

- Individual
- General Partnership
- Corporation-State
- Other: _____
- Association
- Limited Partnership

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

2. Name and address of receiving party(ies):

Name: Respironics New Jersey, Inc.

Address: 41 Canfield Road

City: Cedar Grove State: NJ Zip: 07009

- 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
- Security Agreement
- Other _____
- Merger
- Change of Name

Execution Date: January 16, 2004

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

A. Trademark Application No(s).

B. Trademark Registration No(s).

1,350,115

Additional numbers attached? Yes No

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

Name: Frederick H. Colen

REED SMITH LLP

Address: P.O. Box 488

City: Pittsburgh State: PA Zip: 15230

6. Total number of applications and registrations involved: 1

7. Total fee (37 CFR 2.6(b)(6)): \$ 40

- Enclosed
- Authorized to be charged to deposit account _____
- Charge any deficiency to deposit account

8. Deposit account number:

18-0582

(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 and correct copy of the original document.

Frederick H. Colen
Name of Person Signing

Signature

1/31/05
Date

Total number of pages including cover sheet, attachments, and document: 2

Mail documents to be recorded with required cover sheet information to:
Mail Stop Assignment Recordation Services, Director of the U.S. Patent and Trademark Office,
P.O. Box 1450, Alexandria, VA 22313-1450

02/03/2005 6TOM11 00000126 1350115

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REG-C-EA
(02-02)

STATE OF NEW JERSEY
DIVISION OF REVENUE

Mail to:
PO Box 308
Trenton, NJ 08625

BUSINESS ENTITY AMENDMENT FILING

(Fee Required)

Fill out all applicable information below 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: Respironics HealthScan, Inc.

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

C. ARTICLE 1 OF THE CERTIFICATE of Incorporation Formation Registration Authority Limited Partnership
of the above-referenced business is amended to read as follows: (Use attachment if more space is required)

"The name of the corporation shall be Respironics New Jersey, Inc **CGN**

D. Other Provisions: (Optional)

E. Date Amendment was Adopted: December 30, 2003

F. CERTIFICATION OF CONSENT/VOTING: (If required by one of the laws cited below, 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.

JAN 16 2004

FILED

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 100, and total number of shares entitled to vote thereon 100. If applicable list the designation and number of each class/series of shares entitled to vote:

State Treasurer

List votes for and against 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
100

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
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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 [Signature] Title Vice President Date 1/16/04

Signature _____ Title _____ Date _____

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

JAN 16 2004 15:00

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*** TOTAL PAGE 02 ***