

TRADEMARK ASSIGNMENT

Electronic Version v1.1
 Stylesheet Version v1.1

| | |
|-----------------------|----------------|
| SUBMISSION TYPE: | NEW ASSIGNMENT |
| NATURE OF CONVEYANCE: | CHANGE OF NAME |

CONVEYING PARTY DATA

| Name | Formerly | Execution Date | Entity Type |
|-------------------------|----------|----------------|------------------------------|
| The Children's Hospital | | 09/24/2007 | non-profit corporation: OHIO |

RECEIVING PARTY DATA

| | |
|-----------------|--------------------------------|
| Name: | Nationwide Children's Hospital |
| Street Address: | 700 Children's Drive |
| City: | Columbus |
| State/Country: | OHIO |
| Postal Code: | 43205 |
| Entity Type: | non-profit corporation: OHIO |

PROPERTY NUMBERS Total: 23

| Property Type | Number | Word Mark |
|----------------------|----------|--|
| Registration Number: | 2535739 | BE POISON SMART! |
| Registration Number: | 2928393 | CHILDLAB |
| Registration Number: | 2954419 | CHILD LAB |
| Registration Number: | 2394877 | CHILDREN'S |
| Registration Number: | 3259165 | CHILDREN'S |
| Registration Number: | 3102355 | CHILDREN'S ACTION NETWORK |
| Registration Number: | 2344995 | FOR EVERY CHILD, FOR EVERY REASON |
| Registration Number: | 3272985 | INTERNATIONAL SYMPOSIUM ON THE HYBRID APPROACH TO CONGENITAL HEART DISEASE |
| Registration Number: | 3238710 | ISHAC |
| Registration Number: | 2727657 | PARTNERS FOR KIDS CHILDREN'S HOSPITAL & PHYSICIANS' HEALTHCARE NETWORK |
| Serial Number: | 78416056 | MEDIGLYPHS |
| Registration Number: | 3126700 | PCTI |
| Serial Number: | 78409926 | PEDIAGLYPHS |

CH \$590.00 2535739

| | | |
|----------------------|----------|---|
| Registration Number: | 3203629 | PEDIATRIC CLINICAL TRIALS INTERNATIONAL |
| Registration Number: | 2600109 | PEDIATRIC CLINICAL TRIALS INTERNATIONAL, INC. |
| Registration Number: | 3201975 | RAISE YOUR VOICE |
| Registration Number: | 2546540 | SAFE-T-SAURUS |
| Registration Number: | 2546539 | SAFE-T-SAURUS |
| Registration Number: | 2546538 | |
| Registration Number: | 3146015 | SNACKWISE |
| Registration Number: | 3204447 | |
| Registration Number: | 2862831 | YOUR VOICE. THEIR FUTURE. |
| Serial Number: | 77220293 | CLOSE TO HOME |

CORRESPONDENCE DATA

Fax Number: (202)533-9099
Correspondence will be sent via US Mail when the fax attempt is unsuccessful.
Phone: 2024678800
Email: iplaw@vorys.com
Correspondent Name: Vorys Sater Seymour and Pease LLP
Address Line 1: P.O. Box 1008
Address Line 2: iplaw@vorys
Address Line 4: Columbus, OHIO 43216-1008

| | |
|-------------------------|---------------------------|
| ATTORNEY DOCKET NUMBER: | NATIONWIDECHILDREN'S HOSP |
| NAME OF SUBMITTER: | Joan C. Makley |
| Signature: | /Joan C. Makley/ |
| Date: | 12/04/2007 |

Total Attachments: 4
source=ChildrensAmendment#page1.tif
source=ChildrensAmendment#page2.tif
source=ChildrensAmendment#page3.tif
source=ChildrensAmendment#page4.tif



| | | | | | | | |
|------------|--------------|--------------------------------------|--------|--------|---------|------|------|
| DATE: | DOCUMENT ID | DESCRIPTION | FILING | EXPED | PENALTY | CERT | COPY |
| 09/25/2007 | 200726800184 | DOMESTIC/AMENDMENT TO ARTICLES (AMD) | 50.00 | 100.00 | .00 | .00 | .00 |

Receipt

This is not a bill. Please do not remit payment.

VORYS, SATER, SEYMOUR & PEASE
52 E. GAY STREET
COLUMBUS, OH 43215

**STATE OF OHIO
CERTIFICATE**

Ohio Secretary of State, Jennifer Brunner

8977

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

NATIONWIDE CHILDREN'S HOSPITAL

and, that said business records show the filing and recording of:

Document(s)

DOMESTIC/AMENDMENT TO ARTICLES

Document No(s):

200726800184



United States of America
State of Ohio
Office of the Secretary of State

Witness my hand and the seal of
the Secretary of State at Columbus,
Ohio this 24th day of September,
A.D. 2007.

Ohio Secretary of State



Prescribed by:

The Ohio Secretary of State
Central Ohio: (614) 466-3910
Toll Free: 1-877-SOS-FILE (1-877-767-3453)

www.sos.state.oh.us
e-mail: busserv@sos.state.oh.us

| | |
|---|--|
| Expedite this Form: (Select One) | |
| Mail Form to one of the Following: | |
| <input checked="" type="radio"/> Yes | PO Box 1390 Columbus, OH 43216 ** Requires an additional fee of \$100 ** |
| <input type="radio"/> No | PO Box 1028 Columbus, OH 43216 |

**Certificate of Amendment by
Shareholders or Members
(Domestic)
Filing Fee \$50.00**

(CHECK ONLY ONE (1) BOX)

| | | | |
|---|---------------------------------|--|--|
| <input type="checkbox"/> (1) Domestic for Profit Amended (122-AMAP) | PLEASE READ INSTRUCTIONS | <input type="checkbox"/> (2) Domestic Nonprofit Amended (126-AMAN) | <input checked="" type="checkbox"/> Amendment (126-AMSD) |
|---|---------------------------------|--|--|

Complete the general information in this section for the box checked above.

Name of Corporation The Children's Hospital

Charter Number 8977

Name of Officer Steven J. Allen, M.D.

Title Chief Executive Officer

Please check if additional provisions attached.

The above named Ohio corporation, does hereby certify that:

A meeting of the shareholders directors (nonprofit amended articles only)

members was duly called and held on _____ (Date)

at which meeting a quorum was present in person or by proxy, based upon the quorum present, an affirmative vote was cast which entitled them to exercise _____ % as the voting power of the corporation.

In a writing signed by all of the shareholders directors (non-profit amended articles only)

members who would be entitled to the notice of a meeting or such other proportion not less than a majority as the articles of regulations or bylaws permit.

Clause applies if amended box is checked.

Resolved, that the following amended articles of incorporations be and the same are hereby adopted to supercede and take the place of the existing articles of incorporation and all amendments thereto.

RECEIVED
SECRETARY OF STATE
2007 SEP 24 AM 9:06
CLIENT SERVICE CENTER

All of the following information must be completed if an amended box is checked.
 If an amendment box is checked, complete the areas that apply.

FIRST: The name of the corporation is: Nationwide Children's Hospital

SECOND: The place in the State of Ohio where its principal office is located is in the City of:

 (city, village or township) (county)

THIRD: The purposes of the corporation are as follows:

FOURTH: The number of shares which the corporation is authorized to have outstanding is: _____
 (Does not apply to box (2))

REQUIRED
 Must be authenticated
 (signed) by an authorized
 representative
 (See instructions)



 Authorized Representative

September 24, 2007

 Date

Steven J. Allen, M.D.

 (Print Name)
 Chief Executive Officer

 Authorized Representative

 Date

 (Print Name)



Prescribed by:
 The Ohio Secretary of State
 Central Ohio: (614) 466-3910
 Toll Free: 1-877-SOS-FILE (1-877-767-3453)

www.sos.state.oh.us
 e-mail: busserv@sos.state.oh.us

CONSENT FOR USE OF SIMILAR NAME
(For Domestic / Foreign, Profit or Nonprofit)
 Must Be Accompanied By Another Form

THE UNDERSIGNED DESIRING TO FILE A:

(CHECK ONLY ONE (1) BOX) This filing does not extend the registration period

| | | |
|---|--|--|
| <input checked="" type="checkbox"/> Where consenting entity is a corporation (147-CSC) | Where consenting entity is a registrant of <input type="checkbox"/> Trade Name <input type="checkbox"/> Service Mark <input type="checkbox"/> Trade Mark (149-CSM) | Where consenting entity is a <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Partnership Having Limited Liability (148-CSL) |
|---|--|--|

Check here if additional provisions are attached


Charter or Registration No. of Entity Giving Consent: 593488

Name of Entity Giving Consent: Nationwide Children's Hospital, Inc. (fka, Children's Hospital, Inc.)

Gives Its Consent To: The Children's Hospital

To Use The Name: Nationwide Children's Hospital

REQUIRED
 Must be authenticated (signed) by an authorized representative

| | |
|--|--------------------------|
|  Authorized Representative | <u>9-24-2007</u> Date |
| _____ Authorized Representative | _____ Date |

If the consenting party is a partnership, all general partners must sign. If only one partner is authorized to sign, a copy of the resolution authorizing the signature must be included.