

**TRADEMARK ASSIGNMENT**

Electronic Version v1.1  
 Stylesheet Version v1.1

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	CHANGE OF NAME		
<b>CONVEYING PARTY DATA</b>			
Name	Formerly	Execution Date	Entity Type
Respironics Healthscan, Inc.		01/16/2004	CORPORATION: NEW JERSEY
<b>RECEIVING PARTY DATA</b>			
Name:	Respironics New Jersey, Inc.		
Street Address:	41 Canfield Road		
City:	Cedar Grove		
State/Country:	NEW JERSEY		
Postal Code:	07009		
Entity Type:	CORPORATION: NEW JERSEY		
<b>PROPERTY NUMBERS Total: 1</b>			
Property Type	Number	Word Mark	
Registration Number:	2660661	MISTERNEB	
<b>CORRESPONDENCE DATA</b>			
Fax Number:	(412)288-3063		
	<i>Correspondence will be sent via US Mail when the fax attempt is unsuccessful.</i>		
Phone:	4122884164		
Email:	ptoipinbox@reedsmith.com		
Correspondent Name:	Frederick H. Colen		
Address Line 1:	P.O. Box 488		
Address Line 4:	Pittsburgh, PENNSYLVANIA 15230-0488		
ATTORNEY DOCKET NUMBER:	01337US 157848.20266.458		
NAME OF SUBMITTER:	Frederick H. Colen		
Signature:	/Frederick H. Colen/		
Date:	10/02/2008		

OP \$40.00 2660661

Total Attachments: 1  
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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

**FILED**

JAN 16 2004

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.

**State Treasurer**

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:

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

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 Juan C. Wells 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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