

TRADEMARK ASSIGNMENT

Electronic Version v1.1
 Stylesheet Version v1.1

SUBMISSION TYPE:	CORRECTIVE ASSIGNMENT		
NATURE OF CONVEYANCE:	Corrective Assignment to correct the Assignor and Assignee previously recorded on Reel 003671 Frame 0798. Assignor(s) hereby confirms the assignment recorded 12/4/2007 should not have included Reg. No. 3201975.		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
Nationwide Children's Hospital		09/24/2007	Non-profit Corporation: OHIO
RECEIVING PARTY DATA			
Name:	The 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: 1			
Property Type	Number	Word Mark	
Registration Number:	3201975	RAISE YOUR VOICE	
CORRESPONDENCE DATA			
Fax Number:	(202)533-9099		
	<i>Correspondence will be sent via US Mail when the fax attempt is unsuccessful.</i>		
Phone:	6144646424		
Email:	iplaw@vorys.com		
Correspondent Name:	Vorys, Sater, Seymour and Pease LLP		
Address Line 1:	P.O. Box 2255		
Address Line 2:	IPLaw@Vorys		
Address Line 4:	Columbus, OHIO 43216-2255		
ATTORNEY DOCKET NUMBER:	CHLDADVOCACYCORRECTIVEASS		
NAME OF SUBMITTER:	Joan C. Makley		
Signature:	/Joan C. Makley/		

CH \$40.00 3201975

900154417

**TRADEMARK
 REEL: 004147 FRAME: 0108**

Date:

02/10/2010

Total Attachments: 6

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TRADEMARK ASSIGNMENT

Electronic Version v1.1
 Stylesheet Version v1.1

12/04/2007
900093342

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	MEDI GLYPHS
Registration Number:	3126700	PCTI
Serial Number:	78409926	PEDIAGLYPHS

CH \$590.00 2535739

TO: VORYS SATER SEYMOUR AND PEASE LLP COMPANY: P.O. BOX 1008

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](mailto:iplaw@vorys.com)
Address Line 4: Columbus, OHIO 43216-1008

ATTORNEY DOCKET NUMBER:	NATIONWIDECHILDREN'S HOSP
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NAME OF SUBMITTER:	Joan C. Makley
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Signature:	/Joan C. Makley/
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Date:	12/04/2007
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Total Attachments: 4

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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 1300 Columbus, OH 43218 *** 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)

(1) Domestic for Profit <input type="checkbox"/> Amended (122-AMAP)	PLEASE READ INSTRUCTIONS <input type="checkbox"/> Amendment (125-AMDS)	(2) Domestic Nonprofit <input type="checkbox"/> Amended (126-AMAN)	<input checked="" type="checkbox"/> Amendment (128-AMDS)
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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 Stevan 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

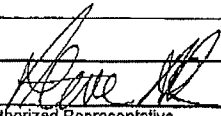
SECOND: The place in the State of Ohio where its principal office is located is in the City of:

 (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-C&N)	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)
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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
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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.