

09-28-1999

U.S. Department of Commerce  
Patent and Trademark Office  
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9-24-99

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Reel #  Frame #   
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Reel #  Frame #

**Conveyance Type**

☐ Assignment ☐ Security Agreement  
☐ License ☒ Change of Name  
☐ Merger ☐ Other   
**U.S. Government**  
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☐ Departmental File ☐ Secret File

**Conveying Party(ies)**

☐ Mark if additional names of conveying parties attached  
Execution Date  
Month Day Year  
9- 21- 1999

Name (line 1) MEDICAL VENTURE ADVISORS, INC.

Name (line 2)

**Second Party**

Execution Date  
Month Day Year

Name (line 1)

Name (line 2)

**Receiving Party**

☐ Mark if additional names of receiving parties attached

☐ If document to be recorded is an assignment and the receiving party is not domiciled in the United States, an appointment of a domestic representative is attached. (Designation must be a separate document from Assignment.)

Name (line 1) Emotorsports, Inc.

Name (line 2)

Address (line 1) 4275 County Line Road

Address (line 2) PMB 214

Address (line 3) Chalfont

PA

18914

City

State/Country

Zip Code

**Domestic Representative Name and Address**

Enter for the first Receiving Party only.

Name

Address (line 1)

Address (line 2)

Address (line 3)

Address (line 4)

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09/27/1999 MTHAI1 00000157 5732788

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80.00 OP

Public burden reporting for this collection of information is estimated to average approximately 30 minutes per Cover Sheet to be recorded, including time for reviewing the document and gathering the data needed to complete the Cover Sheet. Send comments regarding this burden estimate to the U.S. Patent and Trademark Office, Chief Information Officer, Washington, D.C. 20231 and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Paperwork Reduction Project (0651-0027), Washington, D.C. 20503. See OMB Information Collection Budget Package 0651-0027, Patent and Trademark Assignment Practice. DO NOT SEND REQUESTS TO RECORD ASSIGNMENT DOCUMENTS TO THIS ADDRESS.

Mail documents to be recorded with required cover sheet(s) information to:  
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**PATENT**  
REEL: 010263 FRAME: 0016

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177 SEP 24 AM 10:01

## Correspondent Name and Address

Area Code and Telephone Number

610-940-1617

Name

Joel D. Rosen, Esquire

OPR/FINANCE

Address (line 1)

600 West Germantown Pike

Address (line 2)

Suite 400

Address (line 3)

Plymouth Meeting, PA 19462

Address (line 4)

## Pages

Enter the total number of pages of the attached conveyance document  
including any attachments.

#

2

## Application Number(s) or Patent Number(s)

☐

Mark if additional numbers attached

Enter either the Patent Application Number or the Patent Number (DO NOT ENTER BOTH numbers for the same property).

## Patent Application Number(s)

## Patent Number(s)

5,732,788

0377325

If this document is being filed together with a new Patent Application, enter the date the patent application was  
signed by the first named executing inventor.

Month Day Year

## Patent Cooperation Treaty (PCT)

Enter PCT application number

only if a U.S. Application Number  
has not been assigned.

PCT

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PCT

## Number of Properties

Enter the total number of properties involved.

#

2

## Fee Amount

Fee Amount for Properties Listed (37 CFR 3.41): \$

80.00

Method of Payment:

Deposit Account

Enclosed

☒

Deposit Account

☐

(Enter for payment by deposit account or if additional fees can be charged to the account.)

Deposit Account Number:

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Authorization to charge additional fees:

Yes

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No

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## Statement and Signature

To the best of my knowledge and belief, the foregoing information is true and correct and any  
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indicated herein.

JOEL D. ROSEN, ESQ.

Name of Person Signing

Signature

Date

9/22/99

Microfilm Number \_\_\_\_\_

9947-1616

Filed with the Department of State on

JUN 25 1999

Entity Number

2742691

*Kim Fitzgerald*  
Secretary of the Commonwealth

JK

## ARTICLES OF AMENDMENT-DOMESTIC BUSINESS CORPORATION

DSCB:15-1915 (Rev 90)

In compliance with the requirements of 15 Pa.C.S. § 1915 (relating to articles of amendment), the undersigned business corporation, desiring to amend its Articles, hereby states that:

1. The **name** of the corporation is: Medical Venture Advisors, Inc.

2. The (a) **address** of this corporation's current registered office in this Commonwealth or (b) **name** of its commercial registered office provider and the county of venue is (the Department is hereby authorized to correct the following information to conform to the records of the Department):

(a) <u>4275 County Line Road, PMB 214</u>	<u>Chalfont</u>	<u>PA</u>	<u>18914</u>	<u>Bucks</u>
Number and Street	City	State	Zip	County

(b) c/o: \_\_\_\_\_  
Name of Commercial Registered Office Provider County

For a corporation represented by a commercial registered office provider, the county in (b) shall be deemed the county in which the corporation is located for venue and official publication purposes.

3. The **statute** by or under which it was incorporated is: PA Business Corporation Law of 1988

4. The **date** of its incorporation is: March 7, 1997

5. (Check, and if appropriate complete, one of the following):

☒ The amendment shall be effective upon filing these Articles of Amendment in the Department of State.

☐ The amendment shall be effective on: \_\_\_\_\_ at \_\_\_\_\_  
Date Hour

6. (Check one of the following):

☐ The amendment was adopted by the shareholders (or members) pursuant to 15 Pa.C.S. § 1914(a) and (b).

☒ The amendment was adopted by the board of directors pursuant to 15 Pa.C.S. § 1914(c).

7. (Check, and if appropriate complete, one of the following):

☒ The amendment adopted by the corporation, set forth in full, is as follows:

The name of this corporation is hereby changed to emotorsports, inc.

☐ The amendment adopted by the corporation is set forth in full in Exhibit A attached hereto and made a part hereof.  
PA DEPT. OF STATE

JUN 25 1999

PATENT  
REEL: 010263 FRAME: 0018

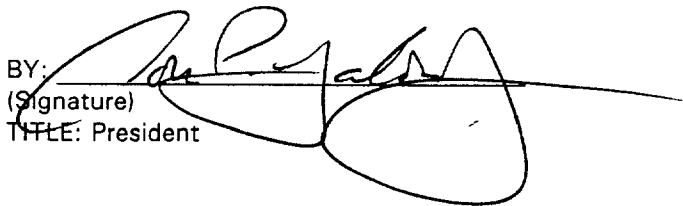
9947-1617

8. (Check if the amendment restates the Articles):

☐ The restated Articles of Incorporation supersede the original Articles and all amendments thereto.

IN TESTIMONY WHEREOF, the undersigned corporation has caused these Articles of Amendment to be signed by a duly authorized officer thereof this 23<sup>rd</sup> day of June , 1999.

Medical Venture Advisors, Inc.

BY:   
(Signature)  
TITLE: President