PATENT/Docket No.: 6200.N CP PATENTS ONLY PATENTS ONLY To the Honorable Commissioner of Patents & Trademarks: Please record the attached original document or copy thereof. 2. Name and address of Party(ies) receiving an 1. Name of Party(ies) conveying an interest: interest: VA Vaillancourt SR Turner Pharmacia & Upjohn Company JW Strohbach ME Schnute Global Intellectual Property S Thaisrivongs JA Tucker 301 Henrietta Street Kalamazoo, MI 49001 3. Description of the interest conveyed: [X] Assignment [] Merger [] Security Agmt [] Change of Name [] Other Execution Date: March 14, 2000 4. Application number(s) or patent number(s). Additional sheet attached [| Yes [X] No If this document is being filed together with a new application, the execution date of the application is: B. Patent No.(s) A. Patent Application No.(s) 09/466,712, filed December 17, 1999 6. Number of applications and patents involved: 5. Name and address of party to whom correspondence concerning this document should be faxed: One Julie Lyons, Legal Assistant Pharmacia & Upjohn, 0228-32-LAW Global Intellectual Property 301 Henrietta Street Kalamazoo, Michigan 49001-0199 7. Amount of fee enclosed or authorized to be Fax Number 616-833-8897 charged: \$40.00 8. Deposit account number: 21-0718 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

Signature

Julie Lyons, Legal Assistant Name of Person Signing

Date: _____April 19, 2000

attached copy is a true copy of the original document.

PATENT/Docket No.6200.N CP

ASSIGNMENT

Title: QUINOLINECARBOXAMIDES AS ANTIVIRAL AGENTS

Inventors:

SR Turner, JW Strohbach, S Thaisrivongs, VA Vaillancourt, ME Schnute, and JA

Tucker

Scrial No.: 09/466712 Filing Date: 17 Dec 1999

Docket No. 6200.N CP Country: US

Execution Date of Application:

As a below-named inventor, I hereby declare that:

My post office address is as stated below under my signature and I am named as inventor of the inventions or discoveries (herein INVENTIONS) as described in the patent application (herein APPLICATION) identified above. In view of valuable consideration, receipt thereof is hereby acknowledged, I do hereby assign and transfer unto PHARMACIA & UPJOHN COMPANY, a corporation of the State of Delaware having a place of business at Kalamazoo, Michigan, its successors and assigns, my entire interest in and the full and exclusive right to the INVEN-TIONS, the APPLICATION and all related applications (including all divisions, reissues, continuations, and extensions thereof) and all counterparts in other countries, and any and all Letters Patent (and certificates of invention or similar certificates) (herein PATENTS) which may be granted based upon the INVENTIONS or the APPLICATION or related applications or counterparts in other countries; said transfer and assignment being applicable throughout the world. I hereby authorize and request officials of patent offices in any and all countries of the world to issue any and all of the PATENTS, when granted, to PHARMACIA & UPJOHN COMPANY, its successors and assigns, as the assignee of my entire right, title, and interest in and to the same. I agree that I will communicate to PHARMACIA & UPJOHN COMPANY, or its representatives, any facts known to me respecting the invention; testify in any legal proceedings; sign all lawful papers; execute all divisional, continuation, substitution, renewal, and reissue applications; execute all necessary assignment papers to cause any and all of the PATENTS to be issued to PHARMACIA & UPJOHN COMPANY; make all rightful oaths; and generally do everything possible to aid PHARMACIA & UPJOHN COMPANY, its successors and assigns, to obtain and enforce proper protection for the INVENTION in any and all countries throughout the world.

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FULL NAME OF FIRST/SOLE INVENTOR: Steven Ronald Turner
Signature of Inventor: Att R. Jun
Address: 5725 DE Avenue East, Kalamazoo, Michigan 49004 STATE OF MICHIGAN
COUNTY OF KALAMAZOO
On
SEAL Notary Public JULY K. LYONS Notary Public, Kalamazoo County, Mi My Commission Expires July 6, 2002
FULL NAME OF SECOND/JOINT INVENTOR: Joseph Walter Strohbach

FULL NAME OF SECOND/JOINT INVENTOR	Joseph Walter Strohbach
Signature of Inventor:	
Address: 54490 M-66, Mendon, Michigan 49072	
STATE OF MICHIGAN COUNTY OF KALAMAZOO	
On, the above before me and executed the foregoing instrument and a act and deed in and for the purposes set forth in said in	cknowledged the same to be his/her free
SEAL. Notary Public	JULIE D. LYONS Notary Public, Kalamazoo County, MI My Commission Expires July 6, 2002

FULL NAME OF THIRD/JOINT INVENTOR: Suvit Thaisrivongs

PATENT/Docket No.6200.N CP

Address: 5695 Swallow, Kalamazoo, Michigan 49002		
STATE OF MICHIGAN COUNTY OF KALAMAZOO		
On 12, 2000, the above named inventor personally appeared before me and executed the foregoing instrument and acknowledged the same to be his/her free act and deed in and for the purposes set forth in said instrument.		
SEAL Notary Public Notary Public, Kalamazoo County, MI My Commission Expires July 6, 2002		
FULL NAME OF FOURTH/JOINT INVENTOR: Valerie A. Vaillancourt Signature of Inventor: A Concord		
Address: 4342 Bronson Blvd., Kalamazoo, Michigan 49008		
STATE OF MICHIGAN COUNTY OF KALAMAZOO		
On		
SEAL Notary Public Notary Public, Kalamazoo County, MI My Commission Expires July 6, 2002		

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PATENT REEL: 010561 FRAME: 0877