

09-10-2001

Docket No. [ 00-482-H ]

FORM PTO-1595

RECOR

U.S. DEPARTMENT OF COMMERCE  
Patent and Trademark Office

101837082

To The Honorable Commissioner of Patents and Trademarks: Please record the attached original documents or copy thereof.

1. Name of conveying party(ies):

Autologous Wound Therapy, Inc.

S-4-01

Additional name(s) of conveying party(ies) attached? ☐ Yes ☒ No

2. Name and address of receiving party(ies)

Name: Cytomedix, Inc.

Address: 3 Parkway North

Deerfield, IL 60015

Name:

Address:

3. Nature of conveyance:

☐ Assignment☐ Merger☐ Security Agreement☐ Change of Name☒ Other Certificate of Amendment

Execution Date: March 27, 2001

Additional name(s) & address(es) attached? ☐ Yes ☒ No

4. Application number(s) or patent number(s):

If this document is being filed together with a new application, the execution date of the application is:

A. Patent Application No.(s)

Filing Date

09/424,523

November 23, 1999

B. Patent No.(s)

Additional numbers attached? ☐ Yes ☒ No

5. Name and address of party to whom correspondence concerning document should be mailed:

Name: Emily Miao

Registration No.: 35,285

Company Name: McDonnell, Boehnen, Hulbert &amp; Berghoff

Street Address: 300 South Wacker Drive - 32<sup>nd</sup> Floor

City: Chicago

State: Illinois

Country: U.S.A.

ZIP: 60606

6. Total number of applications and patents involved: 1

7. Total Fee (37 CFR 3.41).....\$40.00

☒ Enclosed☐ Authorized to be charged to deposit account

8. Deposit account number:

13-2490

09/10/2001 DBYRNE 00000005 09424523

01 FC:581

40.00 DP

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 attached copy is a true copy of the original document.*

Emily Miao

Printed Name of Person Signing

Signature

Date: September 4, 2001

Total number of pages including cover sheet, attachments, and document:

Mail documents to be recorded with required cover sheet information to:

Commissioner of Patents and Trademarks

Box Assignments

Washington, D.C. 20231

PATENT  
REEL: 012136 FRAME: 0532

State of Delaware  
Office of the Secretary of State

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PAGE 1

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF AMENDMENT OF "AUTOLOGOUS WOUND THERAPY, INC.", CHANGING ITS NAME FROM "AUTOLOGOUS WOUND THERAPY, INC." TO "CYTOMEDIX, INC.", FILED IN THIS OFFICE ON THE THIRTIETH DAY OF MARCH, A.D. 2000, AT 10 O'CLOCK A.M.



2890868 8100

001430250

A handwritten signature in cursive script, reading "Edward J. Freel".

Edward J. Freel, Secretary of State

AUTHENTICATION: 0655408

DATE: 09-05-00

PATENT  
REEL: 012136 FRAME: 0533

**CERTIFICATE OF AMENDMENT  
TO  
CERTIFICATE OF INCORPORATION  
OF  
AUTOLOGOUS WOUND THERAPY, INC.**

Under Section 242  
of the General Corporation Law  
of the State of Delaware

Autologous Wound Therapy, Inc., a Delaware corporation (the "Company"), formerly known as Informatix Holdings, Inc., hereby certifies as follows:

FIRST, Article 1 of the Certificate of Incorporation is amended to read in its entirety as follows:

1. The name of the Corporation is Cytomedix, Inc.

SECOND, this Certificate has been duly adopted in accordance with the provisions of Section 242 of the General Corporation Law of the State of Delaware.

IN WITNESS WHEREOF, Autologous Wound Therapy, Inc., has caused this Certificate to be signed by William L. Brown, its Secretary, this 27<sup>th</sup> day of March, 2000.

**AUTOLOGOUS WOUND THERAPY, INC.**

By: William L. Brown  
William L. Brown, Secretary