

Form PTO-1595 (Rev. 03/01) OMB No. 0651-0027 (exp. 5/31/2002) Tab settings ▼		RECORDATION FORM COVER SHEET PATENTS ONLY		U.S. DEPARTMENT OF COMMERCE U.S. Patent and Trademark Office	
To the Honorable Commissioner of Patents and Trademarks: Please record the attached original documents or copy thereof.					
1. Name of conveying party(ies): Michael William Wilson		2. Name and address of receiving party(ies) Name: <u>Warner-Lambert Company</u> Internal Address: _____ _____ _____ Street Address: <u>201 Tabor Road</u> _____ City: <u>Morris Plains</u> State: <u>NJ</u> Zip: <u>07950</u>			
Additional name(s) of conveying party(ies) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Additional name(s) & address(es) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
3. Nature of conveyance: <input checked="" type="checkbox"/> Assignment <input type="checkbox"/> Merger <input type="checkbox"/> Security Agreement <input type="checkbox"/> Change of Name <input type="checkbox"/> Other _____		Execution Date: <u>December 5, 2001</u>			
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) <u>10/074,646</u> B. Patent No.(s) _____ Additional numbers attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
5. Name and address of party to whom correspondence concerning document should be mailed: Name: <u>Claude F. Purchase, Jr.</u> Internal Address: <u>Warner-Lambert Company</u> <u>Patent Department</u> _____ Street Address: <u>2800 Plymouth Road</u> _____ City: <u>Ann Arbor</u> State: <u>MI</u> Zip: <u>48105</u>		6. Total number of applications and patents involved: <u>1</u> 7. Total fee (37 CFR 3.41).....\$ <u>40.00</u> <input type="checkbox"/> Enclosed <input checked="" type="checkbox"/> Authorized to be charged to deposit account 8. Deposit account number: <u>23-0455</u> (Attach duplicate copy of this page if paying by deposit account)			
DO NOT USE THIS SPACE					
9. Statement and signature. <i>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.</i> <u>Claude F. Purchase, Jr.</u> <u>Claude F. Purchase</u> <u>March 28, 2002</u> Name of Person Signing Signature Date Total number of pages including cover sheet, attachments, and documents: <u>3</u>					

Mail documents to be recorded with required cover sheet information to:
Commissioner of Patents & Trademarks, Box Assignments
Washington, D.C. 20231

Docket No. A0000489-01-CF

ASSIGNMENT

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 an inventor of the inventions or discoveries (herein INVENTIONS) as described in the patent application (herein APPLICATION) identified below. In view of valuable consideration, receipt thereof is hereby acknowledged, I do hereby assign and transfer unto WARNER-LAMBERT COMPANY, a corporation of the State of Delaware, having a place of business at MORRIS PLAINS, NEW JERSEY, its successors and assigns, my entire interest in and the full exclusive right to the INVENTIONS, the APPLICATION and all related applications (including provisionals, 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 WARNER-LAMBERT 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 WARNER-LAMBERT COMPANY, or its representatives, any facts known to me respecting the invention; testify in any legal proceedings; sign all lawful papers; execute all provisional, divisional, continuation, substitution, renewal and reissue applications; execute all necessary assignment papers to cause any and all of the PATENTS to be issued to WARNER-LAMBERT COMPANY; make all rightful oaths; and generally do everything possible to aid WARNER-LAMBERT COMPANY, its successors and assigns, to obtain and enforce proper protection for the INVENTION in any and all countries throughout the world. The APPLICATION is identified herein.

Serial No. (if known) : _____
Filing Date (if known) : _____
Execution Date(s) of Application : _____

Title: BENZO THIADIAZINE MATRIX METALLOPROTEINASE INHIBITORS

Docket No. A0000489-01-CFP

FULL NAME OF INVENTOR : MICHAEL WILLIAM WILSON

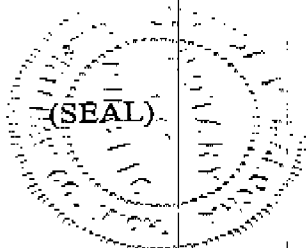
Inventor's signature : Michael William Wilson Date: 12/5/01
Residence : Ann Arbor, Michigan 48105

Citizenship : United States
Post Office Address : 3520 Charter Place
Ann Arbor, Michigan 48105

STATE OF Michigan

COUNTY OF Washtenaw

On December 5, 2001, the above-named inventor personally appeared before me and executed the foregoing instrument and acknowledged the same to be his/her free acts and deeds in and for the purpose set forth in said instrument.



Lucinda M. Malocha
Notary Public

My Commission Expires:

LUCINDA M. MALOCHA
NOTARY PUBLIC WASHTENAW CO., MI
MY COMMISSION EXPIRES Sep 21, 2004