Docket No.

RECORDATION FORM COVER SHEET **PATENTS ONLY**

To the Honorable Commissioner of Patents and Tradema	rks: Please record the attached original documents or copy thereof.
Name of conveying party(ies);	Name and address of receiving party(les):
GlaxoWellcome inc.	
Five Moore Drive, PO Box 13396	SmithKline Beecham Corporation
Global Intellectual Property Dept.	Corporate Intellectual Property Dept.
Research Triangle Park, NC 27709	One Franklin Plaza
	Philadelphia, Pennsylvania 19102
Additional name(s) of conveying party(ies) attached?	USA
Nature of conveyance:	Additional name(s) & address(es) attached? Yes
Assignment XMerger	No
	_
Security Agreement Change of Na	ame
Other	
Execution Date March 31, 2001	
4. Application number(s) or patent number(s):	
09/508,029 filed June 13, 2000	
If this document is being filed together with a new application	, the Express Mail date of the application is:
A. Patent Application No.(s)	Patent No.(s)
Additional numbers attac	• •
<u>_</u>	hed? Yes <u>X</u> No
Name and address of party to whom correspondence concerning document should be mailed:	6. Total number of applications and patents involved: 1
Name: David J. Levy Patent Counsel	7. Total fee (37 CFR 3.41);
Internal Address: GlaxoSmithKline	
Corporate Intellectual Property	Enclosed
	X Authorized to be charged to deposit account
Street Address: Five Moore Drive	coposit decount
PO Box 13398	8. Deposit account number: 07-1392
City: RTP State: NC Zip: 27709	
DO NOT USE THIS SPACE	
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Statement and signature.	
To the best of my knowledge and belief, the foregoing	ng information is true and correct and any attached copy is a
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	Total number of pages comprising cover sheet: 1 of 1
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COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF STATE

APRIL 05, 2001

TO ALL WHOM THESE PRESENTS SHALL COME. GREETING:

SMITHKLINE BEECHAM CORPORATION

I. Kim Pizzingrilli. Secretary of the Commonwealth of Pennsylvania do hereby certify that the foregoing and annexed is a true and correct photocopy of Articles of Merger restating the Articles of Incorporation in their entirety

which appear of record in this department



IN TESTIMONY WHEREOF. I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written.

Secretary of the Commonwealth

DPQS

AUG. 5.2002 3:00PM	GW GLOBAL	R&D IS¦ ★◇	-				NO. 652	3 P.
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compliance with the requirements of corporations, desiring to effect a	of 15 Pa,C.S. § merger, hereb	1926 (relati y state tho	; pg to catio t:	des of merge	t ot course	idation),	the unde	ersigned
name of the corporation surviving (the merger is: _	Smith	Kline	Beecham C	orporat	ī.on		
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3. The name and the address of the registered office in this Commonwealth or name of its commercial registered office provider and the country of venue of each other domestic business corporation and qualified foreign business corporation which is a party to the plan of merger are as follows:

Name of Corporation

Address of Registered Office or Name of Commercial Registered Office Provider

County

Glaxo Wellcome Inc.

CT Corporation System

Philadelphia

THIS IS A TRUE COPY OF THE ORIGINAL SIGNED DOCUMENT FILED WITH THE GENERAL BE STATE.

DSCB:15-1926 (Rev 90)-2

(Check, and it appropriate complete, one of the fall	lawing):					
The plan of merger shall be effective upon filing	g these Articles of M	erger in the Dep	artment of Sta	ote.		
x The plan of merger shall be effective on: Kat	<u>ch 31, 2001</u>		<u> 11:30 p</u>	.tu.		
	Date	_		ROU		
The manner in which the plan of merger was adopt	ted by each domest	lic corporation i	2 02 (OEOWS:			
Name of Corporation	Manner of Adaption					
SmithKline Beecham Corporation	Adopted by pursuant t	the direct	tors and s	hareholders		
the plan in accordance with the laws of the jurisdiction. (Check, and if appropriate complete, one of the laws	ollowing): attached hereto a	nd madé a part				
plan of merger that amend or constitute the of effect subsequent to the effective date of the hereof. The full lext of the plan of merger is or address of which is:	perative Adicles of I plan are set lotth in	Incorporation of I full in Exhibit A	the surviving attached her	corporation as in eta and made a par		
Number and Street	CIV	State	Zρ	County		
IN TESTIMONY WHEREOF, the undersigned corpor derger to be signed by a duly authorized officer ther	ation or each under reof this	signed corpordi _ day ofKat	on has couse	ed these Atticles of 2001		
	_ <u>s</u>	MITHKLINE I				
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	8Y:	Donald 4	(Signatur	<u> </u>		
				•		
	TITLE:	onald F. Pa	arman, Sec	retary		
	<u>. </u>			retary		
	<u>. </u>	CLAXO WELLC	OME INC.			
	<u>. </u>	CLAXO WELLC	OME INC. Name of Con	poration)		
•	<u>. </u>	CLAXO WELLC	OME INC.	poration)		