Please	e Honorable Com e record the attacheu ong 102284628	Attorney Dkt. No.: 033339/200896
1.	Name of conveying party(ies):	2. Name and address of receiving party(ies):
	Fractales Biotech	Oxykines Therapeutics 14 rue de Bassano 75783 PARIS CEDEX 16 FRANCE
Additic	onal name(s) of conveying party(ies) attached? Yes 🗌 No 🖾	
3.	Nature of conveyance:	
	 Assignment Merger Security Agreement Change of Name Other	Additional name(s) & address(es) attached? Yes 🗆 No 🖾
4.	Application No Patent N	los. 6,045,809 and 6,426,068
	If this document is being filed together with a new appli is:	
	Additional numbers attached? Yes \Box No $igtimes$	
5.	Name and address of party to whom correspondence concerning document should be mailed:	 6. Total number of applications and patents involved: 2
	ALSTON & BIRD LLP Bank of America Plaza 101 South Tryon Street, Suite 4000 Charlotte, NC 28280-4000	101101 101101 101101
		 Total fee (37 CFR 3.41) \$80.00 Enclosed Authorized to be charged to deposit account
		8. Deposit account number: 16-0605
	DO NOT U	JSE THIS SPACE
9. S copy c	tatement and signature: To the best of my knowledge and belief, t of the original document.	the foregoing information is true and correct and any attached copy is a \mathcal{D}
Name	of Person Signing: Raymond Q. Linker	Date
Reg. 1	No. 26,419 LINUELLER 00000335 6045809	Total number of pages including cover sheet, attachments, and docume

REEL: 013484 FRAME: 0383



I, the undersigned, Mrs N. ROUSSET, in my capacity of a Jurist appointed by CABINET ORES, a Patent and Trademark Office, located at : 6, avenue dc Messine, 75008 PARIS, France do hereby certify :

-> that I have a thorough knowledge of the French and English languages,

-> that I have translated the extract from the French Companies Registry as regards the change of name into OXYKINES THERAPEUTICS,

-> that said translation is true to the best of my knowledge and ability.

Paris, October 16, 2002

Course

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		DECLARAT	CLARATION OF MODIFICATION	TCATION		
Of the firm	Identification	Characteristics	Managers	Change of name [X]	e [X]	Dissolution
Of the establishment	Opening	Identification	tion	Managers	Activities	Closing
Other modifications (to specify if needed)	to specify if needed)					
		Number of	Number of the principal registration	stration		
		RCS	a	B 413 289 521		
Identification (if the case occurs new identification)	ase occurs new identi	fication)	former	former identification in case of change	of change	
Denomination : OXYKINES THERAPEUTICS	KINES THERAPEU	rics	Denom	Denomination : FRACTALES BIOTECH SA	ES BIOTECH SA	
Head Office		address	identity of the	identity of the domicile : 14 rue de Bassano, 75783 PARIS CEDEX 16	: Bassano, 75783 PA	RIS CEDEX 16
JURIDICAL FORM : limited company with board of directors	limited company wit	th board of directors				
MAIN ACTIVITIES OF THE ENTERPRISE : devel	OF THE ENTERPRI	SE : development reso	opment research for pharmaceutical industry	tical industry		
Concerned Establishment (if the case occurs new addross)	tent (if the case occur	s new addrcss)	đ	Prior Establishment in case of Modification : Head Office	case of Modification	1 : Head Office
incase of transfer, new address :	v address :		4	Prior address :		

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RECORDED: 11/13/2002

PATENT REEL: 013484 FRAME: 0385