

Docket No. PU3516USW

RECORDATION FORM COVER SHEET

PATENTS ONLY

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

1. Name of conveying party(ies):

GlaxoWellcome Inc.
Five Moore Drive, PO Box 13396
Global Intellectual Property Dept.
Research Triangle Park, NC 27709

Additional name(s) of conveying party(ies) attached?

3. Nature of conveyance:

Assignment

X Merger

Security Agreement

Change of Name

Other _____

Execution Date March 31, 2001

2. Name and address of receiving party(ies):

SmithKline Beecham Corporation
Corporate Intellectual Property Dept.
One Franklin Plaza
Philadelphia, Pennsylvania 19102
USA

Additional name(s) & address(es) attached?

Yes

No

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

09/913,309 filed October 12, 2001

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 attached?

Yes

X No

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

Name: **David J. Levy**
Patent Counsel
Internal Address: **GlaxoSmithKline**
Corporate Intellectual Property
Street Address: **Five Moore Drive**
PO Box 13396
City: **RTP** State: **NC** Zip: **27709**

6. Total number of applications and patents involved: **1**7. Total fee (37 CFR 3.41):.....\$ **40.00**

Enclosed

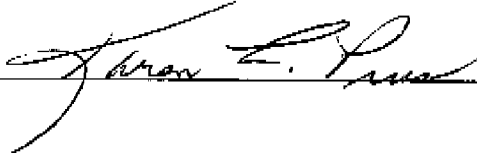
X Authorized to be charged to deposit account8. Deposit account number: **07-1392**

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.

X



July 30, 2003
Date

Total number of pages comprising cover sheet: **1 of 1**

CH \$40.00 071392 09913309

COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF STATE

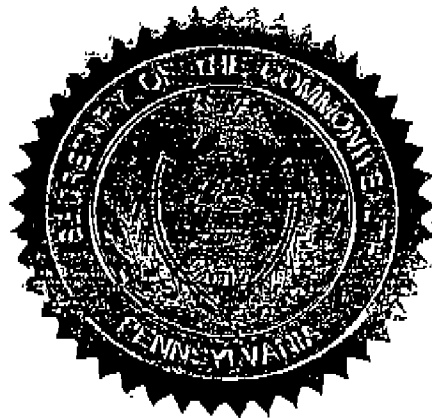
APRIL 05, 2001

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

DPOS

RETURN TO CSC

MAR 30 2001

in Number _____

Filed with the Department of State on _____

Number 333095Secretary of the Commonwealth SKARTICLES OF MERGER-DOMESTIC BUSINESS CORPORATION
OSCS:15-1926 (Rev 90)

compliance with the requirements of 15 Pa.C.S. § 1926 (relating to articles of merger or consolidation), the undersigned
as corporations, desiring to effect a merger, hereby state that:

name of the corporation surviving the merger is: SmithKline Beecham Corporation

check and complete one of the following:

The surviving corporation is a domestic business corporation and the (a) address of its current registered office in this
Commonwealth or (b) name of its commercial registered office provider and the county of venue is (the
Department is hereby authorized to correct the following information to conform to the records of the Department):

(a) One Franklin Plaza, 200 North 16th Street, Philadelphia, PA 19102 Phila.
Number and Street City State Zip County

(b) c/o: _____
Name of Commercial Registered Office Provider County

For a corporation represented by a commercial registered office provider, the county in (b) shall be deemed the county in which the
corporation is located for venue and official publication purposes.

The surviving corporation is a qualified foreign business corporation incorporated under the laws of _____
and the (a) address of its current registered office in this Commonwealth or (b) name of its commercial registered
office provider and the county of venue is (the Department is hereby authorized to correct the following information
to conform to the records of the Department):

(a) _____
Number and Street City State Zip County

(b) c/o: _____
Name of Commercial Registered Office Provider County

For a corporation represented by a commercial registered office provider, the county in (b) shall be deemed the county in which the
corporation is located for venue and official publication purposes.

The surviving corporation is a nonqualified foreign business corporation incorporated under the laws of _____
and the address of its principal office under the laws of such domiciliary jurisdiction is:

Number and Street City State Zip

The name and the address of the registered office in this Commonwealth or name of its commercial registered office
provider and the county 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 DEPARTMENT OF STATE.

SCB:15-1926 (Rev 90)-2

4. (Check, and if appropriate complete, one of the following):

_____ The plan of merger shall be effective upon filing these Articles of Merger in the Department of State.

x The plan of merger shall be effective on: March 31, 2001 at 11:30 p.m.
Date Hour

5. The manner in which the plan of merger was adopted by each domestic corporation is as follows:

Name of Corporation	Manner of Adoption
<u>SmithKline Beecham Corporation</u>	<u>Adopted by the directors and shareholders pursuant to 15 Pa.C.S. § 1924(a).</u>
_____	_____
_____	_____

6. (Strike out this paragraph if no foreign corporation is a party to the merger). The plan was authorized, adopted or approved, as the case may be, by the foreign business corporation (or each of the foreign business corporations) party to the plan in accordance with the laws of the jurisdiction in which it is incorporated.

7. (Check, and if appropriate complete, one of the following):

x The plan of merger is set forth in full in Exhibit A attached hereto and made a part hereof.

_____ Pursuant to 15 Pa.C.S. § 1901 (relating to omission of certain provisions from filed plans) the provisions, if any, of the plan of merger that amend or constitute the operative Articles of Incorporation of the surviving corporation as in effect subsequent to the effective date of the plan are set forth in full in Exhibit A attached hereto and made a part hereof. The full text of the plan of merger is on file at the principal place of business of the surviving corporation, the address of which is:

Number and Street	City	State	Zip	County
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IN TESTIMONY WHEREOF, the undersigned corporation or each undersigned corporation has caused these Articles of Merger to be signed by a duly authorized officer thereof this _____ day of March, 2001.

SMITHKLINE BEECHAM CORPORATION

(Name of Corporation)

BY: Donald F. Parman

(Signature)

TITLE: Donald F. Parman, SecretaryGLAXO WELLCOME INC.

(Name of Corporation)

BY: Paul A. Holcombe, Jr.

(Signature)

TITLE: Paul A. Holcombe, Jr., Secretary