To the Commissioner for Patents: Please record the attached original documents or copy thereof.

1. Name of conveying party(ies): Neuromedica, Inc.

2. Name and address of receiving party(ies)
   Name: Protarga, Inc.
   Internal Address:
   Street Address: 2200 Renaissance Blvd.
   Suite 450
   King of Prussia, PA 19406

3. Nature of conveyance:
   [ ] Assignment
   [ ] Merger
   [ ] Security Agreement
   [X] Change of Name
   [ ] Other
   Execution Date: June 7, 1999

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)
      09/730,450; 09/810,863; 09/846,838; 09/901,209
   B. Patent No(s) 4,933,324; 4,939,174;
      5,284,876; 5,545,719; 5,795,909; 5,919,815;
      5,955,458; 5,977,174; 5,994,392; 6,080,877;
      6,107,499; 6,153,653; 6,197,764; 6,225,444;
      6,258,836; 6,407,137;
   Additional numbers attached? [ ] Yes [X] No

5. Name and address of party to whom correspondence Concerning document should be mailed:
   Name: Edward R. Gates, Esq.
   Address: Wolf, Greenfield & Sacks, P.C.
            Federal Reserve Plaza
            600 Atlantic Avenue
            Boston, MA 02210

6. Total number of applications and patents involved: [20]

7. Total fee (37 CFR 3.41) $ 800.00
   [X] Enclosed
   [ ] Authorized to be charged to deposit account
   The Commissioner is authorized to charge any deficiencies in the enclosed payment to:

8. Deposit Account No: 23/2825

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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.
   Edward R. Gates
   Name of Person Signing
   Signature
   May 27, 2003
   Date

Total number of pages including cover sheet, attachments, and document: [2]

Mail documents to be recorded with required cover sheet information to (modify as appropriate):
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