



RECORDED



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Our Ref.: 4398-66

Commissioner of Patents and Trademarks
Box Assignment, Washington, D.C. 20231

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

1. Name of conveying party(ies):

ResMed Limited

11-13-03

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

Name: ResMed Limited

Internal Address: _____

Street Address: 97 Waterloo Road

City: North Ryde

State/Country: New South Wales, Australia

Zip: 2113

Additional name/s of conveying party/ies attached? ☐

3. Nature of conveyance:

☐ Assignment

☐ Merger

☐ Security Assignment

☐ Change of Name

☒ Other

Change of Address

Execution Date: June 21, 2000

Additional name/s & address/es attached? ☐ Yes ☒ No

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).

(1) 09/452,558

(2) _____

(3) _____

B. Patent No(s).

(1) 6,561,191

(2) _____

(3) _____

Additional numbers attached ☐ Yes ☒ No

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

Name: Paul T. Bowen

Internal Address: _____

Street Address: Nixon & Vanderhye P.C.

1100 North Glebe Road

8th Floor

City: Arlington State: VA Zip: 22201

6. Total number of applications & patents involved: 1

7. Total fee (37 CFR 3.41) \$ 40.00

☒ Enclosed

☐ Authorized to be charged to deposit account #14-1140

8. The Commissioner is hereby authorized to charge any deficiency in the fee(s) filed, or asserted to be filed, or which should have been filed herewith (or with any paper thereafter filed in this application by this firm) to our **Account No. 14-1140.**

DO NOT USE THIS SPACE

9. Statements 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.

Paul T. Bowen

Name of Person Signing

Reg. No. 38,009

[Signature]
Signature

November 13, 2003

Date

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

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CERTIFICATE

I do hereby certify that ResMed Limited, a corporation duly organized and existing under the laws of Australia, changed its corporate address from 82 Waterloo Road, North Ryde, New South Wales 2113, Australia to 97 Waterloo Road, North Ryde, New South Wales 2113, Australia on 1st April 1997

Dated this 21st day of June, 2000

By _____

Notary Public

WINSTON READFORD U.S.

NOTARY PUBLIC
SOLICITOR
TAX AGENT

SHOP 14, COX'S ROAD MALL
2013 COX'S ROAD
NORTH RYDE, N.S.W. 2113

TEL: 9887 2885
FAX: 9887 3936

EMAIL: WINSTON.READFORD@MYPOSTBOX.COM.AU

(Notarial Seal)