



03-15-2004

RECORD



To the Director
Please record the

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of.

1. Name of conveying party(ies):

Effector Cell Institute

3.10.04

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

YES NO

2. Name and address of receiving party(ies)

Name: EFFECTOR CELL INSTITUTE

Internal Address:

Street Address: 33-8, Komaba 1-chome

City: Meguro-ku State: Tokyo ZIP:

Country: JAPAN

Postal Code: 153-0041

Additional name(s) & address(es) attached? YES NO

3. Nature of conveyance:

Assignment

Merger

Security Agreement

Change of Name

Other: Change of Address

Execution Date:

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).

10/181,708 and 10/181,707

B. Patent No.(s).

Additional numbers attached? YES NO

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

Name: BIRCH, STEWART, KOLASCH & BIRCH, LLP

Street Address: P.O. BOX 747

City: FALLS CHURCH State: VA ZIP: 22040-0747

Country: USA

6. Total No. of applications/patents involved: Two (2)

7. Total fee (37 C.F.R. § 3.41): \$80.00

Enclosed

Authorized to be charged to deposit account, if no fee attached.

8. Deposit account number: 02-2448

(Attach triplicate copy of this page if paying by deposit account)

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9. Statement and signature.

f Gerald M. Murphy, Jr., #28,977
Name of Person Signing/Reg. No.

#32868
Signature

March 10, 2004
Date

Total number of pages including cover sheet, attachments, and document: One (1)

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(Rev. 02/13/2004)

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MAY 1, 2001