



RECORD

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102729608

U.S. Department of Commerce
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Our Ref.: 4398-201

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Commissioner of Patents

P.O. Box 1450

Alexandria, VA 22313-1450

4-20-04

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 | | 2. Name and address of receiving party(ies): Name: <u>ResMed Limited</u> Internal Address: _____ Street Address: <u>97 Waterloo Road</u> _____ City: <u>North Ryde</u> State/Country: <u>New South Wales, Australia</u> Zip: <u>2113</u> | | | | |
| Additional name/s of conveying party/ies attached? <input type="checkbox"/> | | | | | | |
| 3. Nature of conveyance: <input type="checkbox"/> Assignment <input type="checkbox"/> Merger <input type="checkbox"/> Security Assignment <input type="checkbox"/> Change of Name <input checked="" type="checkbox"/> Other <u>Change of Assignee's Address</u> | | | | | | |
| Execution Date: <u>June 21, 2000</u> | | Additional name/s & address/es attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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) <u>10/004,428</u> (2) _____ (3) _____ | | B. Patent No(s). (1) _____ (2) _____ (3) _____ | | | | |
| Additional numbers attached <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | | | |
| 5. Name and address of party to whom correspondence concerning document should be mailed: Name: <u>Paul T. Bowen</u> Internal Address: _____ Street Address: <u>Nixon & Vanderhye P.C.</u> <u>1100 North Glebe Road</u> <u>8th Floor</u> City: <u>Arlington</u> State: <u>VA</u> Zip: <u>22201</u> | | 6. Total number of applications & patents involved: <u>1</u> 7. Total fee (37 CFR 3.41) \$ <u>40.00</u> <input checked="" type="checkbox"/> Enclosed <input type="checkbox"/> 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. <table border="0" style="width: 100%;"><tr><td style="width: 30%; text-align: center;"><u>Paul T. Bowen</u> Name of Person Signing Reg. No. 38,009</td><td style="width: 30%; text-align: center;"> Signature</td><td style="width: 40%; text-align: center;"><u>April 20, 2004</u> Date</td></tr></table> <p style="text-align: right;">Total number of pages including original cover sheet, attachments, and document: [2]</p> | | | | <u>Paul T. Bowen</u> Name of Person Signing Reg. No. 38,009 | Signature | <u>April 20, 2004</u> Date |
| <u>Paul T. Bowen</u> Name of Person Signing Reg. No. 38,009 | Signature | <u>April 20, 2004</u> Date | | | | |

04/21/2004 JBALINAM 00000057 10004428

02 IC:8021

40.00 OP

837292

PATENT
REEL: 015240 FRAME: 0311

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 Aug 1997

Dated this 21st day of June, 2000

By _____

Notary Public

WINSTON READFORD LL

NOTARY PUBLIC

SOLICITOR

TAX AGENT

SHOP 14, COXS ROAD MALL

203 COXS ROAD

NORTH RYDE, N.S.W. 2113

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(Notarial Seal)