

01-21-2005

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Attorney Docket Number  
10624-050-999  
CAM #700755-999049Mail Stop Assignment Recordation Services  
Director of the United States Patent and Trademark Office  
P.O. Box 1450  
Alexandria, VA 22313-1450

Please record the attached original documents or copy thereof.

## 1. Name of conveying party(ies):

Signal Pharmaceuticals, Inc.

Additional name(s) of conveying party(ies) attached? ☐ Yes ☒ No

## 3. Nature of conveyance:

Assignment

Merger

Security Agreement

Change of Name

☒ Other Conversion from "Inc." to "LLC"Execution Date: April 28, 2003 and September 4, 2003

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

Name: Signal Pharmaceuticals, LLCAddress: 4550 Towne Centre Court  
San Diego, California 92121

Country (if other than USA): Zip Code:

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. 10/004,645 filed December 4, 2001

B. Patent No.(s)

Additional numbers attached? ☐ Yes ☒ No

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

JONES DAY  
222 East 41st Street  
New York, New York 10017

## 6. Number of applications and patents involved:

One7. Total fee (37 CFR 3.41):.....\$ 40.00  
Please charge to the deposit account listed in Section 8.

## 8. Deposit account number:

50-3013

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.*

For: Anthony M. Insogna

35,203

By: Michael J. Bruner

47,458

Name of Person Signing

Reg. No.

Signature

Date

January 14, 2005

Total number of pages including cover sheet:

5

Mail documents to be recorded with required cover sheet information to:  
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01/19/2005 DBYRNE 00000019 503013 10004645

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NYJD: 1560242.1

PATENT  
REEL: 016154 FRAME: 0737

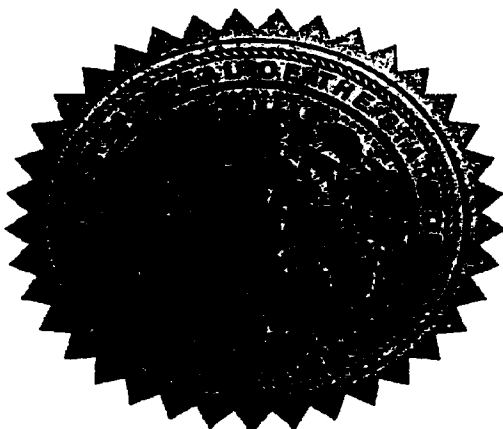
**SECRETARY OF STATE**

I, *Kevin Shelley*, Secretary of State of the State of California, hereby certify:

That the attached transcript of 1 page(s) has been compared with the record on file in this office, of which it purports to be a copy, and that it is full, true and correct.

**IN WITNESS WHEREOF**, I execute this certificate and affix the Great Seal of the State of California this day of

MAY - 6 2003



*Kevin Shelley*

Secretary of State



State of California  
Kevin Shelley  
Secretary of State

200312210170

File #

**ENDORSED - FILED**  
In the office of the Secretary of State  
of the State of California

APR 28 2003

KEVIN SHELLEY  
Secretary of State

**LIMITED LIABILITY COMPANY  
ARTICLES OF ORGANIZATION - CONVERSION**

**IMPORTANT — READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM**

This Space For Filing Use Only

**CONVERTED ENTITY INFORMATION**

1. NAME OF LIMITED LIABILITY COMPANY

Signal Pharmaceuticals, LLC

2. THE PURPOSE OF THE LIMITED LIABILITY COMPANY IS TO ENGAGE IN ANY LAWFUL ACT OR ACTIVITY FOR WHICH A LIMITED LIABILITY COMPANY MAY BE ORGANIZED UNDER THE BEVERLY-KILLEA LIMITED LIABILITY COMPANY ACT.

3. THE LIMITED LIABILITY COMPANY WILL BE MANAGED BY (CHECK ONLY ONE)

☐ ONE MANAGER ☐ MORE THAN ONE MANAGER ☒ SINGLE MEMBER LIMITED LIABILITY COMPANY ☐ ALL LIMITED LIABILITY COMPANY MEMBERS

4. TYPE OF BUSINESS OF THE LIMITED LIABILITY COMPANY (FOR INFORMATIONAL PURPOSES ONLY)

Biopharmaceutical

5. MAILING ADDRESS OF THE CHIEF EXECUTIVE OFFICE

CITY AND STATE  
San Diego, CAZIP CODE  
92121

6. CHECK THE APPROPRIATE PROVISION BELOW AND NAME THE AGENT FOR SERVICE OF PROCESS

☒ AN INDIVIDUAL RESIDING IN CALIFORNIA.  
☐ A CORPORATION WHICH HAS FILED A CERTIFICATE PURSUANT TO CALIFORNIA CORPORATIONS CODE SECTION 1505.

AGENT'S NAME Alan Lewis

7. ADDRESS OF AGENT FOR SERVICE OF PROCESS IN CA, IF AN INDIVIDUAL

5555 Oberlin Drive

CITY  
San DiegoSTATE ZIP CODE  
CA 92121

**CONVERTING ENTITY INFORMATION**

8. NAME OF CONVERTING ENTITY

Signal Pharmaceuticals, Inc.

9. FORM OF ENTITY  
Corporation10. JURISDICTION  
California11. CA SECRETARY OF STATE FILE NUMBER, IF ANY  
C1825592

12. THE PRINCIPAL TERMS OF THE PLAN OF CONVERSION WERE APPROVED BY A VOTE OF THE NUMBER OF INTERESTS OR SHARES OF EACH CLASS THAT EQUALED OR EXCEEDED THE VOTE REQUIRED. IF A VOTE WAS REQUIRED, PROVIDE THE FOLLOWING:

NUMBER OF OUTSTANDING INTERESTS OF EACH CLASS ENTITLED TO VOTE

PERCENTAGE VOTE REQUIRED

1,000 shares of common stock

66.67

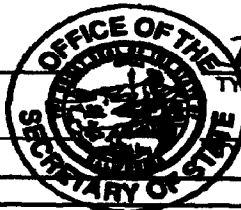
**ADDITIONAL INFORMATION**

13. NUMBER OF PAGES ATTACHED, IF ANY: THE ATTACHED PAGES ARE INCORPORATED HEREIN BY THIS REFERENCE.

14. I DECLARE THAT I AM THE PERSON WHO EXECUTED THIS INSTRUMENT, WHICH EXECUTION IS MY ACT AND DEED.

SIGNATURE OF AUTHORIZED PERSON

SIGNATURE OF AUTHORIZED PERSON

John W. Jackson Chief Executive Officer  
TYPE OR PRINT NAME AND TITLE OF AUTHORIZED PERSONRobert J. Hugin Chief Financial Officer  
TYPE OR PRINT NAME AND TITLE OF AUTHORIZED PERSON



**SECRETARY OF STATE**

I, *Kevin Shelley*, Secretary of State of the State of California, hereby certify:

That the attached transcript of 1 page(s) has been compared with the record on file in this office, of which it purports to be a copy, and that it is full, true and correct.

**IN WITNESS WHEREOF**, I execute this certificate and affix the Great Seal of the State of California this day of

SEP 12 2003



*Kevin Shelley*

Secretary of State



State of California  
Kevin Shelley  
Secretary of State

ENDORSED - FILED  
in the office of the Secretary of State  
of the State of California

SEP 04 2003

KEVIN SHELLEY  
Secretary of State

LIMITED LIABILITY COMPANY  
CERTIFICATE OF AMENDMENT

A \$30.00 filing fee must accompany this form.

IMPORTANT - Read instructions before completing this form.

This Space For Filing Use Only

1. SECRETARY OF STATE FILE NUMBER 200312210170	2. NAME OF LIMITED LIABILITY COMPANY Signal Pharmaceuticals, LLC
3. COMPLETE ONLY THE SECTIONS WHERE INFORMATION IS BEING CHANGED. ADDITIONAL PAGES MAY BE ATTACHED IF NECESSARY.  A. LIMITED LIABILITY COMPANY NAME (END THE NAME WITH THE WORDS "LIMITED LIABILITY COMPANY," "LTD. LIABILITY CO." OR THE ABBREVIATIONS "LLC" OR "L.L.C.")  B. THE LIMITED LIABILITY COMPANY WILL BE MANAGED BY (CHECK ONE): <input type="checkbox"/> ONE MANAGER <input checked="" type="checkbox"/> MORE THAN ONE MANAGER <input type="checkbox"/> ALL LIMITED LIABILITY COMPANY MEMBER(S)  C. AMENDMENT TO TEXT OF THE ARTICLES OF ORGANIZATION:  D. OTHER MATTERS TO BE INCLUDED IN THIS CERTIFICATE MAY BE SET FORTH ON SEPARATE ATTACHED PAGES AND ARE MADE A PART OF THIS CERTIFICATE. OTHER MATTERS MAY INCLUDE A CHANGE IN THE LATEST DATE ON WHICH THE LIMITED LIABILITY COMPANY IS TO DISSOLVE OR ANY CHANGE IN THE EVENTS THAT WILL CAUSE THE DISSOLUTION.	
4. FUTURE EFFECTIVE DATE, IF ANY:  MONTH DAY YEAR	
5. NUMBER OF PAGES ATTACHED, IF ANY:	
6. IT IS HEREBY DECLARED THAT I AM THE PERSON WHO EXECUTED THIS INSTRUMENT, WHICH EXECUTION IS MY ACT AND DEED.  SIGNATURE OF AUTHORIZED PERSON: <u>Robert J. Hugin</u> member DATE: <u>8/26/03</u> TYPE OR PRINT NAME AND TITLE OF AUTHORIZED PERSON	
7. RETURN TO:  NAME Andrew Eitington FIRM Proskauer Rose LLP ADDRESS 2049 Century Park East, Suite 3200 CITY/STATE Los Angeles, California ZIP CODE 90067	

