

Form PTO-1595 (Rev. 03/05)
OMB No. 0651-0027 (exp. 9/30/2005)

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To the Director of the U.S. Patents and Trademark Office: Please record the attached documents or the new address(es) below.

<p>1. Name of conveying party(ies): Transplantation Technologies Inc. 101 College Street, CW-1-207 Toronto, Ontario M5G 2C4</p> <p>Additional name of conveying party(ies) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>2. Name and address of receiving party(ies)</p> <p>Name: <u>Trillium Therapeutics Inc.</u></p> <p>Internal Address: _____</p> <p>Street Address: <u>96 Skyway Avenue</u></p> <p>City: <u>Toronto</u></p> <p>State: <u>Ontario</u></p> <p>Country: <u>Canada</u> Zip: <u>M9W4Y9</u></p> <p>Additional Name(s) & address(es) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>3. Nature of conveyance: Execution Date(s) <u>April 11, 2003</u></p> <p><input type="checkbox"/> Assignment <input type="checkbox"/> Merger</p> <p><input type="checkbox"/> Security Agreement <input checked="" type="checkbox"/> Change of Name</p> <p><input type="checkbox"/> Government Interest Assignment</p> <p><input type="checkbox"/> Executive Order 9424, Confirmatory License</p> <p><input checked="" type="checkbox"/> Other <u>Address change</u></p>	

4. Application number(s) or patent number(s): This document is being filed together with a new application.

<p>A. Patent Application No.(s) <u>09/917,278</u> <u>09/948,725</u></p>	<p>B. Patent No.(s)</p>
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Additional numbers attached? Yes No

<p>5. Name and address of party to whom correspondence concerning this document should be mailed:</p> <p>Name: <u>Bereskin & Parr</u></p> <p>Internal Address: _____</p> <p>Street Address: <u>40 King Street West</u></p> <p>City: <u>Toronto</u></p> <p>State: <u>Ontario</u> Zip: <u>M5H 3Y2</u></p> <p>Phone Number: <u>(416) 364-7311</u></p> <p>Fax Number: <u>(416) 361-1398</u></p> <p>Email Address: _____</p>	<p>6. Total number of applications and patents involved: <u>2</u></p> <p>7. Total fee (37 CFR 1.21(h) & 3.41) \$ <u>80.00</u></p> <p><input type="checkbox"/> Authorized to be charged by credit card</p> <p><input checked="" type="checkbox"/> Authorized to be charged to deposit account</p> <p><input type="checkbox"/> Enclosed</p> <p><input type="checkbox"/> None required (government interest not affecting title)</p> <p>8. Payment Information</p> <p>a. Credit Card Last 4 Numbers _____ Expiration Date _____</p> <p>b. Deposit Account Number <u>02-2095</u></p> <p>Authorized User Name _____</p>
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9. Signature : Micheline Gravelle June 17, 2005

Signature Date

Micheline Gravelle

Name of Person Signing

Total number of pages including cover sheet, attachments, and documents 3

Documents to be recorded (including cover sheet) should be faxed to (703) 306-5995, or mailed to: Mail Stop Assignment Recordation Services, Director of the USPTO, P.O. Box 1450, Alexandria, V.A. 22313-1450

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- 6. The amendment has been duly authorized as required by sections 186 and 170 (as applicable) of the Business Corporations Act.
La modification a été dûment autorisée conformément aux articles 186 et 170 (selon le cas) de la Loi sur les sociétés par actions.
- 7. The resolution authorizing the amendment was approved by the shareholders/directors (as applicable) of the corporation on
Les actionnaires ou les administrateurs (selon le cas) de la société ont approuvé la résolution autorisant la modification le

2003/04/10

(Year, Month, Day)
(année, mois, jour)

These articles are signed in duplicate.
Les présents statuts sont signés en double exemplaire.

TRANSPLANTATION TECHNOLOGIES INC.

(Name of Corporation)
(Dénomination sociale de la société)

(If the name is to be changed by these articles set out current name)
(Si l'on désigne un changement de nom, indiquer ci-dessous le nom de la corporation sociale actuelle)

By
Per:



(Signature)
(Signature)

Chief Executive Officer.

(Description of Office)
(Fonction)

07175 (12/2007)
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