

**Mail Stop Assignment  
Recordation Services**

Attorney Docket No. 0512-1061 / -1 / MISC

Form PTO-1595

**RECORDATION FORM COVER SHEET  
PATENTS ONLY**

U.S. Department of Commerce  
U.S. Patent and Trademark Office

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

1. Name of Conveying Party(ies):

**LIPHA**

2. Name and address of receiving party(ies)

Name: **MERCK SANTE**

Address: **37, rue Saint-Romain  
69008, LYON  
FRANCE**

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

☐ Yes ☒ No

3. Nature of Conveyance:

☐ Assignment ☐ Merger  
☐ Security Agreement ☒ Change of Name  
☐ Other: \_\_\_\_\_

Execution Date: **July 1, 2002**

Additional name(s) and address(es) attached?

☐ Yes ☒ No

4. Application number(s) or patent number(s): \_\_\_\_\_

This document is being filed with a new application, the execution date of the application is:

A. Patent Application No(s).  
10/181,223; 11/085,145

B. Patent No(s).  
6,512,009; 6,265,437

Additional numbers attached? ☐ Yes ☒ No

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

**Customer No.: 00466**

**YOUNG & THOMPSON**

**Second Floor**

**745 South 23<sup>rd</sup> Street**

**Arlington, VA 22202**

**Phone: 703-521-2297**

**Fax: 703-685-0573**

6. Total number of applications and patents involved:  
**4**

7. Total fee (37 CFR 3.41).....**\$160.00**

☐ Enclosed

☒ Authorized to be charged to deposit account

8. Deposit Account No. **25-0120**

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

**DO NOT USE THIS SPACE**

9. Statement and signature.

*In 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.*

**Benoit Castel**

Name of Person Signing

Signature

**October 3, 2005**

Date

Total number of pages including cover sheet, attachments, and documents: **7**

Certificate of Transmission

I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office on October 3, 2005.

*Evelyn Annot*  
Evelyn Annot

**DECLARATION**

Nous, LIPHA, société française, immatriculée au Registre du Commerce et des Sociétés de Lyon sous le N° 572.028.033, certifions par la présente :

1) que nous avons changé de dénomination sociale et d'adresse :

de :

LIPHA

34, rue Saint Romain  
69008 Lyon, FRANCE

en

MERCK SANTE

37, rue Saint Romain  
69008 Lyon, FRANCE

2) que ce changement est effectif depuis le 1<sup>er</sup> juillet 2002

3) que la société LIPHA et la société LIPHA SAS qui est mentionnée sur l'extrait du Registre du Commerce et des Sociétés désignent bien la même société et que le sigle SAS qui a été adjoint par erreur au terme LIPHA sur ce document correspond en fait à la forme juridique de notre société

We, LIPHA, a company organized under the laws of France, incorporated with the Trade and Companies Register of Lyon under N° 572.028.033, do hereby certify :

1) that we have changed our corporate name and address :

from :

LIPHA

34, rue Saint Romain  
69008 Lyon, FRANCE

to

MERCK SANTE

37, rue Saint Romain  
69008 Lyon, FRANCE

2) that this change is effective as from July 1, 2002

3) that the company LIPHA and the company LIPHA SAS which is mentioned in the excerpt of the Trade and Companies Register designate actually the same company and that the acronym SAS which has erroneously been added to the term LIPHA in this document corresponds in fact to the legal form of our company

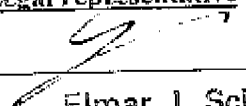
**Représentant légal/Legal representative**

Signature : \_\_\_\_\_

Nom/Name : \_\_\_\_\_

Qualité/Title : \_\_\_\_\_

Le/On : \_\_\_\_\_

  
Elmar J. Schnee  
Président Merck Santé

**PATENT**

**REEL: 017145 FRAME: 0794**

|                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 312 n 10-0105 CERFA<br>Statement submitted to CFE<br>ON<br>1 <sup>st</sup> JULY 2002<br>Reserved to the competent<br>CFE                                                                                                         | <b>MODIFICATION STATEMENT</b><br>CHARACTERISTICS <input type="checkbox"/> OFFICERS <input type="checkbox"/> TRANSFER OF HEAD OF<br>IDENTIFICATION <input type="checkbox"/> OFFICERS <input type="checkbox"/> ACTIVITIES <input type="checkbox"/> CLOSING <input type="checkbox"/><br><input type="checkbox"/> WINDING UP <input type="checkbox"/><br>G 69012044571<br>Attached legal documents<br>Attached insert |
| Decree n° B1-267 of March 16, 1981 creating the Centre of Formality of the Companies<br>PRINCIPAL REGISTRATION NUMBER(S)<br>TRADE AND COMPANIES REGISTER <b>572 028 033</b><br>Trade and Companies Register SIREN Craft Register |                                                                                                                                                                                                                                                                                                                                                                                                                   |

|                                                                                                                       |                                                                                             |
|-----------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|
| IDENTIFICATION / and if needed new identification on: <b>01/07/02</b><br>DENOMINATION: <b>MERCK SANTE</b><br>ACRONYM: | PRIOR IDENTIFICATION in case of modification:<br>DENOMINATION: <b>LIPHA SAS</b><br>ACRONYM: |
|-----------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|

|                                                                                                                                                                                          |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| HEAD OFFICE (or in case of transfer, new head office): ADDRESS, including if needed the PAYING AGENT IDENTITY (name, forenames or denomination):<br><b>37 rue St Romain - 69008 LYON</b> |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                      |
|--------------------------------------------------------------------------------------|
| SIRET No.: <b>SAS</b><br>LEGAL FORM: <b>SAS</b><br>(and particular status if needed) |
|--------------------------------------------------------------------------------------|

|                                                                                                                                              |                   |
|----------------------------------------------------------------------------------------------------------------------------------------------|-------------------|
| MAIN ACTIVITIES OF THE COMPANY: <b>Study and research in the field of chemicals. Wholesale of any chemicals</b><br>WORKFORCE of the company: | Modification date |
|----------------------------------------------------------------------------------------------------------------------------------------------|-------------------|

|                                                                                                                                                                                                                                                                                            |                   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|
| TRADE NAME: <b>FF</b> or currency or, if variable capital, minimum amount<br>CAPITAL amount: <b>FF</b> or currency<br>Legal Entity's duration: <b>years</b> or in case of company submitted to a yearly advertising of its accounts, CLOSING DATE of the legal exercise: <b>day, month</b> | Modification date |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|

|                                                                                                                                                                                                                                                                                              |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| OFFICERS and if needed, DIRECTORS, AUDITORS and PARTNERS indefinitely and jointly obliged to legal duties. MEMBERS of the GIE, LIQUIDATORS.<br>For the under described establishment, if needed, person(s) empowered to sign on behalf of the company (AUTHORIZED REPRESENTATIVE(S), OWNERS) |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                              | NEW                                                                                                                                                                                                            | LEAVING                                 | MAINTAINED BUT MODIFIED  |
|------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|--------------------------|
| Or NAME Forenames<br>DENOMINATION<br>RESIDENCE<br>HEADOFFICE ADDRESS<br>Prior title (if needed):<br><b>Managing Director</b> | <b>BONHOMME Yves</b><br>present or new title<br>date of birth<br><b>15/02/1960</b><br><b>69</b><br>age<br><b>LYON (6<sup>th</sup>)</b><br>District or country of birth<br><b>French</b><br>Citizenship         | <b>01/06/02</b><br>Date of modification | <input type="checkbox"/> |
| Or NAME Forenames<br>DENOMINATION<br>RESIDENCE<br>HEADOFFICE ADDRESS<br>Prior title (if needed):<br><b>Director</b>          | <b>LONGERAY Pierre Henry</b><br>present or new title<br>date of birth<br><b>15/02/1960</b><br><b>69</b><br>age<br><b>LYON (6<sup>th</sup>)</b><br>District or country of birth<br><b>French</b><br>Citizenship | <b>01/07/02</b><br>Date of modification | <input type="checkbox"/> |
| Or NAME Forenames<br>DENOMINATION<br>RESIDENCE<br>HEADOFFICE ADDRESS<br>Prior title (if needed):                             | present or new title:<br>date of birth<br>age<br>District or country of birth<br>citizenship                                                                                                                   | Date of modification                    | <input type="checkbox"/> |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|
| List to follow in insert: YES <input type="checkbox"/> NO <input type="checkbox"/><br>In case of DISSOLUTION: the Company pursues its exploitation for the liquidation needs YES <input type="checkbox"/> NO <input type="checkbox"/><br>Indicate the file and the date of the legal announcement paper having published the liquidator(s) nomination:<br>In case of TRANSFER taking with the concurrence of another Court, indicate the clerk's office where the secondary registrations:<br>List to follow in insert: YES <input type="checkbox"/> NO <input type="checkbox"/><br>In case of MODIFICATION of the CAPITAL pursuant to a MERGER or a division legal Entities having taken part in the operation (Denomination, Legal form, Head Office address, RCS No.)<br>List to follow in insert: YES <input type="checkbox"/> NO <input type="checkbox"/> | prepare in the form OFFICERS AND LIQUIDATORS' references<br>Modification date: |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|

CERTIFIED COPY  
 Commercial Court of LYON (RHONE)  
 The Registrar

IF THE FORMALITY CONCERNS AN ESTABLISHMENT, HEADINGS ON A BLACK BACKGROUND MUST COMPULSORY BE FILED

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| CONCERNED ESTABLISHMENT / and if needed NEW IDENTIFICATION on:<br>ADDRESS: - if different from those of the head office (PRINCIPAL ESTABLISHMENT if it is integrated in the Head office)<br>- in case of transfer, new address<br>SIRET No.:<br>This establishment is (for the company): new <input type="checkbox"/> modified <input type="checkbox"/> cancelled <input type="checkbox"/><br>Categories: head office <input type="checkbox"/> main establishment <input type="checkbox"/> secondary establishment <input type="checkbox"/><br>Sign: | PRIOR ESTABLISHMENT in case of transfer<br>PRIOR ADDRESS WORDING if change by decision of the local council<br>ADDRESS:<br>In case of TRANSFER of the HEADOFFICE or of the ESTABLISHMENT, SIRET No.:<br>If employment cease of any salaried, date: Maintain of an activity at the prior headoffice<br>YES <input type="checkbox"/> NO <input type="checkbox"/> |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                        |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ANALYSIS OF THE OPERATED MODIFICATION<br>In case of OPENING of the establishment, of MODIFICATION of EXPLOITATION MODE, and ORIGIN:<br>of ADJUNCTION of ACTIVITY: precise<br><input type="checkbox"/> creation <input type="checkbox"/> transfer of activity <input type="checkbox"/> purchase <input type="checkbox"/> merger <input type="checkbox"/> recovery after liquidation <input type="checkbox"/> take on hire management <input type="checkbox"/> take on hire management <input type="checkbox"/> other (precise) | In case of CLOSING of the establishment, of EXPLOITATION MODE MODIFICATION, and DESTINATION:<br>of ACTIVITY SUPPRESSION, precise<br><input type="checkbox"/> removal <input type="checkbox"/> activity transfer <input type="checkbox"/> sale <input type="checkbox"/> merger <input type="checkbox"/> recovery by the owner <input type="checkbox"/> take on hire management <input type="checkbox"/> other (precise) |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                         |                                                                                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| PRIOR EXPLOITANT's identity<br>(name, forenames or denomination)<br>RCS or SIREN No.:<br>If needed, removal or modification date on prior exploitant's RCS<br>(to be filled in eventually by the clerk) | BENEFICIARY's identity:<br>Name, forenames, residence or denomination, Head office address |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                                                        |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| In case of ACQUISITION of the BUSINESS (by PURCHASE or TRANSFER), indicate the title and the date of the legal publications having published the assignment:<br>to and if it is renewable by tacit agreement: YES <input type="checkbox"/> NO <input type="checkbox"/> |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                               |
|-------------------------------------------------------------------------------|
| In case of TAKING ON HIRE MANAGEMENT, indicate the contract duration: from to |
|-------------------------------------------------------------------------------|

|                                                                                                  |
|--------------------------------------------------------------------------------------------------|
| BUSINESS HIRER OUT's identity<br>Name, forenames, residence or denomination, head office address |
|--------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                                                                                      |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| OPERATED ACTIVITIES in this establishment at the formally date: permanent <input type="checkbox"/> seasonal <input type="checkbox"/><br>To fill only if this establishment is new or if its activities have been modified<br>beginning ending<br>follow to be modification ending<br>of exploitation |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PRINCIPAL ACTIVITY<br>SECONDARY ACTIVITIES:<br>Eventual observations of the declarant or other modification(s): Change of name + appointment of a new Managing Director |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                                                                                                                                   |                                                                         |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|
| PERMANENT ADDRESS<br>For correspondence<br>Town Trade and Companies Register <b>LYON</b> Lawyer zip code postal office or center winding phone<br>THE UNDERSIGNED: <b>LYON, Representative, Lawyer</b><br>Patronymic name, usual name, forenames - in case of attorney, precise also its titles and address<br>Ask that this document constitutes | Done in: <b>TASSIN</b><br>on: <b>24.06.02</b><br>Signature: (Signature) |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |               |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|
| INSCRIPTION request in RCS <input type="checkbox"/> RM <input type="checkbox"/> RSAC <input type="checkbox"/> REBA <input type="checkbox"/> CANCELLATION WITH RCS <input type="checkbox"/> RM <input type="checkbox"/> RSAC <input type="checkbox"/> REBA <input type="checkbox"/><br>And statement to fiscal services, in social guarantee organisms, to INSEE, and if he is or ceases to be an employer, to Work Inspection and to ASSETIC<br>New (or MAINTAINED) in case of liquidation transfer in another clerk's office or another Chamber of Trade precise | <b>PATENT</b> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|

REEL: 017145 FRAME: 0795



COMMERCIAL COURT  
CLERK'S OFFICE

Side reserved for the clerk to the Court

OF:

CLERK'S OFFICE CODE:

## TRADE AND COMPANIES REGISTER

|              |                                                                     |                                                                           |                                                                         |
|--------------|---------------------------------------------------------------------|---------------------------------------------------------------------------|-------------------------------------------------------------------------|
| REGISTRATION | <input type="checkbox"/> MAIN<br><input type="checkbox"/> SECONDARY | <input type="checkbox"/> ADDITIONAL<br><input type="checkbox"/> MODIFYING | <input type="checkbox"/> CORRECTION<br><input type="checkbox"/> REMOVAL |
|--------------|---------------------------------------------------------------------|---------------------------------------------------------------------------|-------------------------------------------------------------------------|

Date of arrival at the Clerk's Office: \_\_\_\_\_

Number of arrival at the Clerk's Office: *illegible*

NOTE: The Clerks and the National Institute of Industrial Property are obliged and sole authorised to issue to any person who requests it, certificates, copies or extracts from registrations made to the register and documents filed in appendix, except with regard to registrations which have been removed, notified in the condition fixed by the order (of September 24, 1964), provided for in article 88 (order n° 84-406 of May 30, 1984, art. 87)

JUSTIFYING DOCUMENTS:  
RELATED ACTIVITIES (item n° 24):  
OF FILING OF THE STATUS:  
CLERK'S OBSERVATIONS:

The conformity of the attached declarations with the justifying documents produced in application of regulations has been checked by the Clerk of the Court who has accordingly made the above registration.

DATE OF THE RECORDAL:  
Certified by the Clerk of the Court

Side reserved for the  
National Trade and  
Companies Register

CRAFTS CHAMBER

OF  
MERCK SANTE

M B1 01/07/2002 F02/020163 G69012044571

572 028 033 6901 1992B00858

Registration n°:

RM  
SIREN:

any name:

REGISTER

☐ RECORDAL OF JOINT  
CONTRIBUTOR MENTION

☐ MODIFICATION STATEMENT

☐ REMOVAL REQUEST  
☐ REMOVAL OF JOINT  
CONTRIBUTOR MENTION

MANAGEMENT INITIATION COURSE  
(article 2 of the Law dated 12.23.82)

Attestation - issuance date:  
Exemption - motive of the dispense:

JUSTIFYING DOCUMENTS

In case of DECISION of the President of  
the Chamber  
(article 11 of the Decree of 06.10.83)

Filing date:  
Request of additional information:

Presentation of the requested information:

Deadline of the President's Decision

PRESIDENT'S DECISION:

Minutes n° Date:

☐ agreement ☐ refusal

In case of examination by  
the Crafts Chamber  
(articles 12 and 13 Decree of 06.10.83)

Date of transmission to the Commission:

Date of notification:

Payment of the official fee: FF

☐ cash ☐ bank cheque ☐ postal ch

Reference of counterfoil Register:

Public notice from  
to:

The compliance of the attached statements with the justifying documents  
presented in accordance with the rules has been checked under our  
responsibility.

Date of the recordal  
The President of the Craft Register

SIDE RESERVED FOR

THE NATIONAL  
INSTITUTE OF  
INTELLECTUAL  
PROPERTY.

PATENT

REEL: 017145 FRAME: 0797

|                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                        |                                                                            |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|--|
| <b>GREFFE DU TRIBUNAL</b>                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                        | <b>REGISTRE DU COMMERCE ET DES SOCIÉTÉS</b>                                |  |
| <b>NUMÉROTATION</b><br><input type="checkbox"/> PRINCIPALE<br><input type="checkbox"/> ACCESSOIRE                                                                                                                                                                                                                                                                                                                                                          | <b>INSCRIPTION</b><br><input type="checkbox"/> COMPLÉMENTAIRE<br><input type="checkbox"/> MODIFICATIVE | <input type="checkbox"/> CORRECTION<br><input type="checkbox"/> RADIATION  |  |
| Date d'entrée au Greffe :                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                        | Numéro d'entrée au Greffe : <span style="float: right;">0000000000</span>  |  |
| <p><b>NOTA :</b> Les Greffiers et l'Agence Nationale de la Propriété Industrielle sont tenus de remettre à toute personne qui en fait la demande des certificats, copies ou extraits des inscriptions émises au registre et ainsi déposés en force, sauf en ce qui concerne les inscriptions radiées, qui sont communiquées dans les conditions fixées par l'arrêté du 26 septembre 1964 (n° 61) (Journal Officiel n° 14-106 du 24 mai 1964, art. 27).</p> |                                                                                                        |                                                                            |  |
| <b>NOTES AUTRES :</b><br>AUTRES RÉFÉRENCES (n° 1-10) :<br>DATE DE DÉPÔT DES STATUTS :<br>OBSERVATIONS DU GREFFIER :                                                                                                                                                                                                                                                                                                                                        |                                                                                                        |                                                                            |  |
| Le greffier ou l'Agence Nationale de la Propriété Industrielle sont tenus de remettre à toute personne qui en fait la demande des certificats, copies ou extraits des inscriptions émises au registre et ainsi déposés en force, sauf en ce qui concerne les inscriptions radiées, qui sont communiquées dans les conditions fixées par l'arrêté du 26 septembre 1964 (n° 61) (Journal Officiel n° 14-106 du 24 mai 1964, art. 27).                        |                                                                                                        | COTE RÉSERVÉE<br>AU REGISTRE<br>NATIONAL<br>DU COMMERCE<br>ET DES SOCIÉTÉS |  |

|                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                            |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>CHAMBRE DE METIERS</b>                                                                                                                             |  | N° de gestion : 80                                                                                                                                                                                                                                                                         |  |
| DE :                                                                                                                                                  |  | NUMERO D'IMMATRICULATION REC :<br>NON OU CONTINUATION :                                                                                                                                                                                                                                    |  |
| 858008766T                                                                                                                                            |  | METIERS                                                                                                                                                                                                                                                                                    |  |
| 1992R008S                                                                                                                                             |  | 572 028 033                                                                                                                                                                                                                                                                                |  |
| 14SEP0010355 551070/101 000010/10                                                                                                                     |  | 18 IM                                                                                                                                                                                                                                                                                      |  |
| PIECES JUSTIFICATIVES :                                                                                                                               |  | <input type="checkbox"/> DEMANDE DE REGISTRATION<br><input type="checkbox"/> RADIATION ET MENTION DE CONJUGAT<br>COLLABORATEUR (pour les Titulaires uniquement)                                                                                                                            |  |
| Remise à jour du statut social<br>Adhésion - date de démission :<br>Démission - motif de la démission :                                               |  | PRESCRIPTION<br>Date de l'acte de la chambre :<br>Demande de renseignements complémentaires :<br>Production des renseignements demandés :<br>Date d'avis de la décision du Président :<br>DECISION DU PRESIDENT :<br>POUR : <input type="checkbox"/> Assent <input type="checkbox"/> Refus |  |
| La conformité des documents déposés avec les pièces justificatives produites<br>en application des règlements a été vérifiée par nous, Responsables : |  | CADRE RESERVE<br>A L'INSTITUT<br>NATIONAL<br>DE LA PROPRIETE<br>INDUSTRIELLE                                                                                                                                                                                                               |  |
| DATE DE L'INSCRIPTION :                                                                                                                               |  |                                                                                                                                                                                                                                                                                            |  |
| Le Président de la Chambre de Métiers :                                                                                                               |  |                                                                                                                                                                                                                                                                                            |  |

**CERTIFICATE**

I, Richard METZGER, trademark attorney of CABINET LAVOIX, 2 Place d'Estienne d'Orves, 75009 Paris, France, certify that I am conversant with the English and French languages and that the annexed document in English language is a translation prepared by me of an extract from the Trade and Companies Register evidencing the change of name of LIPHA to MERCK SANTE and is true to the best of my knowledge and belief.

Done in Paris on May 23, 2005

Richard METZGER

A handwritten signature in black ink, appearing to be 'R Metzger', with a horizontal line drawn across the middle of the signature.