

Form PTO-1595 (Rev. 03/05)  
OMB No. 0651-0027 (exp. 6/30/2005)

U.S. DEPARTMENT OF COMMERCE  
United States Patent and Trademark Office  
PLH Ref. No.: 674519-2017

## RECORDATION FORM COVER SHEET PATENTS ONLY

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

<b>1. Name of conveying party(ies) Execution Date(s):</b> Sterix Limited Robert Robinson Avenue Magdalen Centre The Oxford Science Park Oxford OX4 4GA United Kingdom  Additional name(s) of conveying party(ies) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>2. Name and address of receiving party(ies)</b>  Name: <u>Sterix Limited</u> Internal Address: <u>190 Bath Road</u> <u>Slough</u> <u>Berkshire</u> Country: <u>United Kingdom</u> <u>SL1 3XE</u> Additional name(s) & address(es) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>3. Nature of conveyance/Execution Date(s):</b> Execution Date(s) <u>11/17/2005</u>  <input type="checkbox"/> Assignment <span style="margin-left: 150px;"><input type="checkbox"/> Merger</span> <input type="checkbox"/> Security Agreement <span style="margin-left: 130px;"><input type="checkbox"/> Change of Name</span> <input type="checkbox"/> Joint Research Agreement <input type="checkbox"/> Government Interest Assignment <input type="checkbox"/> Executive Order 9424, Confirmatory License <input checked="" type="checkbox"/> Other <u>Change of Assignee's Address</u>	<b>4. Application or patent number(s):</b> <input type="checkbox"/> This document is being filed together with a new application. A. Patent Application No.(s) B. Patent No.(s) <u>6,676,934</u>  Additional numbers attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>5. Name and address to whom correspondence concerning document should be mailed:</b>  Name: <u>Thomas J. Kowalski</u> Internal Address: <u>FROMMER LAWRENCE &amp; HAUG LLP</u> Street Address: <u>745 FIFTH AVENUE</u> City: <u>NEW YORK</u> State: <u>N.Y.</u> Zip: <u>10151</u> Phone Number: <u>212-588-0800</u> Fax Number: <u>212-588-0500</u> E-mail Address: <u>smarcano@flhlaw.com</u>	<b>6. Total number of applications and patents involved</b> <u>1</u>  <b>7. Total fee (37 CFR 1.21(h) &amp; 3.41)</b> <u>\$ 40.00</u> <input type="checkbox"/> Authorized to be charged by credit card <input checked="" type="checkbox"/> Authorized to be charged to deposit account 50-0320 <input type="checkbox"/> Enclosed <input type="checkbox"/> None required (paid previously)
<b>8. Payment Information</b> a. Credit Card Last 4 Numbers _____ Expiration Date: _____ b. Deposit account number: <u>50-0320</u> Authorized User Name: _____	
<b>9. Signature:</b> <u>Thomas J. Kowalski by Angela M. Collison</u> <span style="float: right;"><u>May 25, 2006</u> Date</span>  <u>Thomas J. Kowalski Reg. No. 32, 147; Angela M. Collison Reg. No. 51, 107</u> Name of Person Signing	

Total number of pages including cover sheet  
attachments, and document:

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

700266767

**PATENT**  
**REEL: 017696 FRAME: 0855**

00374372

NO DOCUMENTATION REQUIRED