

**PATENT ASSIGNMENT**

Electronic Version v1.1  
 Stylesheet Version v1.1

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	MERGER
EFFECTIVE DATE:	04/15/2005

**CONVEYING PARTY DATA**

Name	Execution Date
Biosys, Inc.	01/17/2005

**RECEIVING PARTY DATA**

Name:	Centrus International, Inc.
Street Address:	620 Leshler Place
City:	Lansing
State/Country:	MICHIGAN
Postal Code:	48912

**PROPERTY NUMBERS Total: 4**

Property Type	Number
Patent Number:	6197576
Patent Number:	5366873
Patent Number:	6395537
Patent Number:	D429338

**CORRESPONDENCE DATA**

Fax Number: (517)347-4103  
*Correspondence will be sent via US Mail when the fax attempt is unsuccessful.*  
 Phone: 517-347-4100  
 Email: ianmclcd@comcast.net  
 Correspondent Name: Ian C. McLeod  
 Address Line 1: 2190 Commons Parkway  
 Address Line 4: Okemos, MICHIGAN 48864

ATTORNEY DOCKET NUMBER:	NEOGEN 3.4-147
NAME OF SUBMITTER:	Ian C. McLeod

**CH \$160.00 6197576**

**PATENT**

**Total Attachments: 13**

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source=Certificate of Merger for Centrus#page8.tif  
source=Certificate of Merger for Centrus#page9.tif  
source=Certificate of Merger for Centrus#page10.tif  
source=Amendment to Articles - Centrus#page1.tif  
source=Amendment to Articles - Centrus#page2.tif  
source=Amendment to Articles - Centrus#page3.tif

Doc ID --&gt; 200510400078



DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
04/14/2005	200510400078	MERGED OUT OF EXISTENCE (MEX)	125.00	100.00	.00	.00	.00

**Receipt**

This is not a bill. Please do not remit payment.

CSC/DIAMOND ACCESS  
887 S HIGH STREET  
LISA VAIDO  
COLUMBUS, OH 43206

# STATE OF OHIO CERTIFICATE

Ohio Secretary of State, J. Kenneth Blackwell

1081428

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

**CENTRUS INTERNATIONAL, INC.**

and, that said business records show the filing and recording of:

Document(s)

**MERGED OUT OF EXISTENCE**

Document No(s):

**200510400078**



United States of America  
State of Ohio  
Office of the Secretary of State

Witness my hand and the seal of  
the Secretary of State at Columbus,  
Ohio this 13th day of April, A.D.  
2005.

*J. Kenneth Blackwell*  
Ohio Secretary of State

Doc ID --&gt;

200510400078

Prescribed by **J. Kenneth Blackwell**

Ohio Secretary of State

Central Ohio: (614) 466-3910

Toll Free: 1-877-SOS-FILB (1-877-767-3453)

Expedite this Form: (extra fee)	
<input type="radio"/> Yes	PO Box 1390 Columbus, OH 43216 * Requires an additional fee of \$100 *
<input checked="" type="radio"/> No	PO Box 1329 Columbus, OH 43216

www.state.oh.us/sos

e-mail: busserjv@sos.state.oh.us

**CERTIFICATE OF MERGER**

(For Domestic or Foreign, Profit or Non-Profit)

Filing Fee \$125.00

(144-MER)

In accordance with the requirements of Ohio law, the undersigned corporations, banks, savings banks, savings and loan, limited liability companies, limited partnerships and/or partnerships with limited liability, desiring to effect a merger, set forth the following facts:

**I. SURVIVING ENTITY**

A. The name of the entity surviving the merger is:

Centrus International, Inc.

B. Name Change: As a result of this merger, the name of the surviving entity has been changed to the following:

(Complete only if name of surviving entity is changing through the merger)

C. The surviving entity is a: (Please check the appropriate box and fill in the appropriate blank:

- Domestic (Ohio) For-Profit Corporation, charter number \_\_\_\_\_
- Domestic (Ohio) Non-Profit Corporation, charter number \_\_\_\_\_
- Foreign (Non-Ohio) Corporation incorporated under the laws of the state/country of \_\_\_\_\_ and licensed to transact business in the State of Ohio under license number \_\_\_\_\_
- Foreign (Non-Ohio) Corporation incorporated under the laws of the state/country of Delaware and NOT licensed to transact business in the state of Ohio.
- Domestic (Ohio) Limited Liability Company, with registration number \_\_\_\_\_
- Foreign (Non-Ohio) Limited Liability Company organized under the laws of the state/country of \_\_\_\_\_ and registered to do business in the State of Ohio under registration number \_\_\_\_\_
- Foreign (Non-Ohio) Limited Liability Company organized under the laws of the state/country of \_\_\_\_\_ and NOT registered to do business in the State of Ohio.
- Domestic (Ohio) Limited Partnership, with registration number \_\_\_\_\_
- Foreign (Non-Ohio) Limited Partnership organized under the laws of the state/country of \_\_\_\_\_ and registered to do business in the state of Ohio under registration number \_\_\_\_\_

Doc ID --&gt;

200510400078

- Foreign (Non-Ohio) Limited Partnership organized under the laws of the state/country of \_\_\_\_\_ and NOT registered to do business in the state of Ohio.
- Domestic (Ohio) Partnership having limited liability, with the registration number \_\_\_\_\_
- Foreign (Non-Ohio) Partnership having limited liability organized under the laws of the state/country of \_\_\_\_\_ and registered to do business in the state of Ohio under registration number \_\_\_\_\_
- Foreign (Non-Ohio) Partnership having limited liability organized under the laws of the state/country of \_\_\_\_\_ and NOT registered to do business in the state of Ohio.
- Foreign (Non-Ohio) Non-Profit Incorporation under the laws of the state/country of \_\_\_\_\_ and licensed to transact business in the state of Ohio under license number \_\_\_\_\_
- Foreign (Non-Ohio) Non-Profit Incorporation under the laws of the state/country of \_\_\_\_\_ and not licensed to transact business in the state of Ohio.
- General partnership not registered with the state of Ohio

**II. MERGING ENTITY**

The name, charter/license/registration number, type of entity, state/country of incorporation or organization, respectively, of which is the entities merging out of existence are as follows (if this is insufficient space to reflect all merging entities, please attach a separate sheet listing the merging entities.)

Name / charter, license or registration number	State/Country of Organization	Type of Entity
Centrus International, Inc. 1081428	OH	Corporation
_____	_____	_____
_____	_____	_____
_____	_____	_____

**III. MERGER AGREEMENT ON FILE**

The name and mailing address of the person or entity from whom/which eligible persons may obtain a copy of the agreement of merger upon written request:

Christopher Keefer \_\_\_\_\_ 100 N. Eastman Rd., B75  
(name) (street) NOTE: P.O. Box Addresses are NOT acceptable.

Kingsport \_\_\_\_\_ TN 37660  
(city, village or township) (state) (zip code)

**IV. EFFECTIVE DATE OF MERGER**

This merger is to be effective on: April 15, 2005 (if a date is specified, the date must be a date on or after the date of filing; the effective date of the merger cannot be earlier than the date of filing; if no date is specified, the date of filing will be the effective date of the merger).

**V. MERGER AUTHORIZED**

The laws of the state or country under which each constituent entity exists, permits this merger. This merger was adopted, approved and authorized by each of the constituent entities in compliance with the laws of the state under which it is organized, and the persons signing this certificate on behalf of each of the constituent entities are duly authorized to do so.

Doc ID -> 200510400078

VI. STATUTORY AGENT

The name and address of the surviving entity's statutory agent upon whom any process, notice or demand may be served is:

CSC - Lawyers Incorporating Service 50 W. Broad Street, Suite 1800
Columbus, Ohio 43215

(This item MUST be completed if the surviving entity is a foreign entity which is not licensed, registered or otherwise authorized to conduct business in the state of Ohio.)

VII. ACCEPTANCE OF AGENT

The undersigned, named herein as the statutory agent for the above referenced surviving entity, hereby acknowledges and accepts the appointment of statutory agent for said entity.

Signature of Agent Carla Lon; Asst. Vice President

(The acceptance of agent must be completed by the surviving entities if through this merger the statutory agent has changed, or the named agent differs in any way from the name currently on record with the Secretary of State.)

VIII. STATEMENT OF MERGER

Upon filing, or upon such later date as specified herein, the merging entity/entities listed herein shall merge into the listed surviving entity

IX. AMENDMENTS

The articles of incorporation, articles of organization, certificate of limited partnership or registration of partnership having limited liability (circle appropriate term) of the surviving domestic entity have been amended.

Attachments are provided No Changes

X. QUALIFICATION OR LICENSURE OF FOREIGN SURVIVING ENTITY

A. The listed surviving foreign corporation, bank, savings bank, savings and loan, limited liability company, limited partnership, or partnership having limited liability desires to transact business in Ohio as a foreign corporation, bank, savings bank, savings and loan, limited liability company, limited partnership, or partnership having limited liability, and hereby appoints the following as its statutory agent upon whom process, notice or demand against the entity may be served in the state of Ohio. The name and complete address of the statutory agent is:

(name) (street) NOTE: P.O. Box Addresses are NOT acceptable.
Ohio
(city, village or township) (zip code)

The subject surviving foreign corporation, bank, savings bank, savings and loan, limited liability company, limited partnership, or partnership having limited liability irrevocably consents to service of process on the statutory agent listed above as long as the authority of the agent continues, and to service of process upon the Secretary of State of Ohio if the agent cannot be found, if the corporation, bank, savings bank, savings and loan, limited liability company, limited partnership, or partnership having limited liability fails to designate another agent when required to do so, or if the foreign corporation's, bank's, savings bank's, savings and loan's, limited liability company's, limited partnership's or partnership having limited liability's license or registration to do business on Ohio expires or is canceled.

Doc ID -->

200510400078

B. The qualifying entity also states as follows: (Complete only if applicable)

1. Foreign Notice Under Section 1703.031

(If the qualifying entity is a foreign bank, savings bank, or savings and loan, then the following information must be completed.)

(a.) The name of the Foreign Nationally/Federally chartered bank, savings bank, or savings and loan association is \_\_\_\_\_

(b.) The name(s) of any Trade Name(s) under which the corporation will conduct business: \_\_\_\_\_

(c.) The location of the main office (non-Ohio) shall be:

\_\_\_\_\_  
(street address) *NOTE: P.O. Box Addresses are NOT acceptable.*

\_\_\_\_\_  
(city, township, or village) (county) (state) (zip code)

(d.) The principal office location in the state of Ohio shall be:

\_\_\_\_\_  
(street address) *NOTE: P.O. Box Addresses are NOT acceptable.*

\_\_\_\_\_  
(city, township, or village) (county) Ohio (state) (zip code)

(Please note, if there will not be an office in the state of Ohio, please list none.)

(e.) The corporation will exercise the following purpose(s) in the state of Ohio:  
(Please provide a brief summary of the business to be conducted; a general clause is not sufficient)

\_\_\_\_\_  
\_\_\_\_\_

2. Foreign Qualifying Limited Liability Company

(If the qualifying entity is a foreign limited liability company, the following information must be completed.)

(a.) The name of the limited liability company in its state of organization/registration is \_\_\_\_\_

(b.) The name under which the limited liability company desires to transact business in Ohio is \_\_\_\_\_

(c.) The limited liability company was organized or registered on \_\_\_\_\_  
under the laws of the state/country of \_\_\_\_\_

Doc ID -->

200510400078

(d.) The address to which interested persons may direct requests for copies of the articles of organization, operating agreement, bylaws, or other charter documents of the company is:

\_\_\_\_\_  
(street address) NOTE: P.O. Box Addresses are NOT acceptable.

\_\_\_\_\_  
(city, township, or village) (state) (zip code)

**3. Foreign Qualifying Limited Partnership**

(If the qualifying entity is a foreign limited partnership, the following information must be completed).

(a.) The name of the limited partnership is:

\_\_\_\_\_

(b.) The limited partnership was formed on \_\_\_\_\_

(c.) The address of the office of the limited partnership in its state/country of organization is:

\_\_\_\_\_  
(street address) NOTE: P.O. Box Addresses are NOT acceptable.

\_\_\_\_\_  
(city, township, or village) (county) (state) (zip code)

(d.) The limited partnership's principal office address is:

\_\_\_\_\_  
(street address) NOTE: P.O. Box Addresses are NOT acceptable.

\_\_\_\_\_  
(city, township, or village) (county) (state) (zip code)

(e.) The names and business or residence addresses of the General partners of the partnership are as follows:

Name	Address
_____	_____
_____	_____
_____	_____

(If insufficient space to cover this item, please attach a separate sheet listing the general partners and their respective addresses)

(f.) The address of the office where a list of the names and business or residence addresses of the limited partners and their respective capital contributions is to be maintained is:

\_\_\_\_\_  
(street address) NOTE: P.O. Box Addresses are NOT acceptable.

\_\_\_\_\_  
(city, township, or village) (county) (state) (zip code)



Doc ID -->

200510400078

The limited partnership hereby certifies that it shall maintain said records until the registration of the limited partnership in Ohio is canceled or withdrawn.

4. Foreign Qualifying Partnership Having Limited Liability

(a.) The name of the partnership shall be

\_\_\_\_\_

(b.) Please complete the following appropriate section (either item b(1) or b(2)):

(1.) The address of the partnership's principal office in Ohio is:

\_\_\_\_\_  
(street address) *NOTE: P.O. Box Addresses are NOT acceptable.*

\_\_\_\_\_, Ohio \_\_\_\_\_  
(city, village or township) (zip code)

(If the partnership does not have a principal office in Ohio, then items b2 must be completed)

(2.) The address of the partnership's principal office (Non-Ohio):

\_\_\_\_\_  
(street address) *NOTE: P.O. Box Addresses are NOT acceptable.*

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
(city, township, or village) (state) (zip code)

(c.) The name and address of a statutory agent for service of process in Ohio is as follows:

\_\_\_\_\_  
(name)

\_\_\_\_\_  
(street address) *NOTE: P.O. Box Addresses are NOT acceptable.*

\_\_\_\_\_, Ohio \_\_\_\_\_  
(city, village or township) (zip code)

(d.) Please indicate the state or jurisdiction in which the Foreign Limited Liability Partnership has been formed

\_\_\_\_\_

(e.) The business which the partnership engages in is:

\_\_\_\_\_  
\_\_\_\_\_

Doc ID -->

200510400078

The undersigned constituent entities have caused this certificate of merger to be signed by its duly authorized officers, partners and representatives on the date(s) stated below.

Centrus International, Inc.

(Exact name of entity)

By:

Its: Secretary

Date:

4-6-05

Centrus International, Inc.

(Exact name of entity)

By:

Its: Secretary

Date:

4-6-05

(Exact name of entity)

By:

Its:

Date:

(Exact name of entity)

By:

Its:

Date:

(Exact name of entity)

By:

Its:

Date:

(Exact name of entity)

By:

Its:

Date:

(Exact name of entity)

By:

Its:

Date:

(Exact name of entity)

By:

Its:

Date:

(Exact name of entity)

By:

Its:

Date:

(Exact name of entity)

By:

Its:

Date:

Doc ID -> 200510400078

Complete the information in this section if box (1), (2) or (3) is checked.

AFFIDAVIT

In lieu of dissolution releases from various governmental authorities (1701.88(H)(6) ORC)

Centrus International, Inc.

(Exact Name of Corporation)

The undersigned, being first duly sworn, declares that on the dates indicated below, each of the named state governmental agencies was advised IN WRITING of the scheduled date of filing of the Certificate of Dissolution and was advised IN WRITING of the acknowledgement by the corporation of the applicability of the provisions of Section 1701.85 of the ORC.

AGENCY Ohio Department of Taxation Dissolution Section Box 182382 Columbus, Ohio 43218-2382	DATE NOTIFIED <u>3/30/05</u>
---	---------------------------------

Ohio Job and Family Services Status & Liability Section P.O. 182404 Columbus, Ohio 43218-2404	<u>3/30/05</u>
--	----------------

The Treasurer of any County named below:

<u>Franklin County Treasurer</u> <u>373 High St., 17th Floor</u> <u>Columbus, OH 43215-6306</u>	<u>3/30/05</u>
---	----------------

Ohio Bureau of Workers' Compensation 30 W. Spring Street Columbus, Ohio 43215	<u>3/30/05</u>
---	----------------

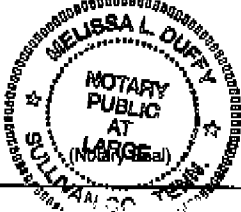
(Note: This affidavit must be signed by one or more persons executing the certificate of dissolution or by an officer of the corporation.)

By: [Signature] Title: Secretary

Name: Christopher L. Keefer  
100 N. Eastman Road, B-75

(Street) Kingsport Tennessee 37660  
 (City) (State) (Zip Code)

Sworn before me and subscribed in my presence on April 6, 2005  
(Date)



[Signature]  
(Notary Public)

Commission Expires 6/26/07  
(Date)

Doc ID -->

200510400078

Complete the information in this section if box (1), (2) or (3) is checked.

STATE OF ~~OHIO~~ Tennessee

County of Sullivan :SS

Christopher L. Keefer, being first duly sworn, deposes and says that she/he is

Secretary of Centrus International, Inc.

that this affidavit is made in compliance with section 1701.76 of the ORC:  
(Section #)

That said corporation has (Check one of the following)

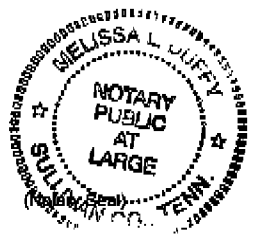
- A. has no personal property in any county in the State of Ohio:
- B. personal property only in the following county(ies)

and that the net assets of said corporation are sufficient to pay all personal property taxes accrued to date.

Signature: *Christopher L. Keefer*

Name: Christopher L. Keefer

Sworn before me and subscribed in my presence on April 6, 2005  
(Date)



*Melissa L. Lufey*  
(Notary Public)

Commission Expires 6-26-07  
(Date)

DocID --&gt; 200502700086



DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
01/27/2005	200502700086	DOMESTIC/AMENDMENT TO ARTICLES (AMD)	50.00	100.00	.00	.00	.00

**Receipt**

This is not a bill. Please do not remit payment.

CORPORATION SERVICE COMPANY  
 ATTN: LISA VAIDO  
 887 SOUTH HIGH STREET  
 COLUMBUS, OH 43206

# STATE OF OHIO CERTIFICATE

Ohio Secretary of State, J. Kenneth Blackwell

1081428

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

**CENTRUS INTERNATIONAL, INC.**

and, that said business records show the filing and recording of:

Document(s)  
**DOMESTIC/AMENDMENT TO ARTICLES**

Document No(s):  
**200502700086**



United States of America  
 State of Ohio  
 Office of the Secretary of State

Witness my hand and the seal of  
 the Secretary of State at Columbus,  
 Ohio this 26th day of January, A.D.  
 2005.

*J. Kenneth Blackwell*  
 Ohio Secretary of State

Doc ID ->

200502700086



Prescribed by **J. Kenneth Blackwell**

Ohio Secretary of State  
 Central Ohio: (614) 466-3910  
 Toll Free: 1-877-SOS-FILES (1-877-767-3453)

www.sos.oh.us/sos  
 e-mail: busdev@sos.state.oh.us

Expedite this Form: (Select One)	
<input type="radio"/> Yes	PO Box 1390 Columbus, OH 43216 <small>** Requires an additional fee of \$100 **</small>
<input checked="" type="radio"/> No	PO Box 1028 Columbus, OH 43216

**Certificate of Amendment by  
 Shareholders or Members  
 (Domestic)  
 Filing Fee \$50.00**

**(CHECK ONLY ONE (1) BOX)**

<b>(1) Domestic for Profit</b>	<b>PLEASE READ INSTRUCTIONS</b>	<b>(2) Domestic Non-Profit</b>	
<input type="checkbox"/> Amended (127-AMAP)	<input checked="" type="checkbox"/> Amendment (125-AMDS)	<input type="checkbox"/> Amended (126-AMAN)	<input type="checkbox"/> Amendment (120-AMD)

Complete the general information in this section for the box checked above.

Name of Corporation Bisys, Inc.

Charter Number 1081428

Name of Officer Christopher L. Keefe

Title Secretary

Please check if additional provisions attached.

The above named Ohio corporation, does hereby certify that:

A meeting of the  shareholders  directors (non-profit amended articles only)

members was duly called and held on \_\_\_\_\_ (Date)

at which meeting a quorum was present in person or by proxy, based upon the quorum present, an affirmative vote was cast which entitled them to exercise \_\_\_\_\_ % as the voting power of the corporation.

In a writing signed by all of the  shareholders  directors (non-profit amended articles only)

members who would be entitled to the notice of a meeting or such other proportion not less than a majority as the articles of regulations or bylaws permit.

Clause applies if amended box is checked.

Resolved, that the following amended articles of incorporation be and the same are hereby adopted to supercede and take the place of the existing articles of incorporation and all amendments thereto.

DocJD -->

200502700086

All of the following information must be completed if an amended box is checked.  
 If an amendment box is checked, complete the areas that apply.


FIRST: The name of the corporation is: Centrus International, Inc.

SECOND: The place in the State of Ohio where its principal office is located is in the City of:  
 \_\_\_\_\_  
 (city, village or township) (county)

THIRD: The purposes of the corporation are as follows:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

FOURTH: The number of shares which the corporation is authorized to have outstanding is: \_\_\_\_\_  
 (Does not apply to box (2))

**REQUIRED**  
 Must be authenticated  
 (signed) by an authorized  
 representative  
 (See Instructions)



1/19/05

Authorized Representative  
 Christopher L. Keefer  
 (Print Name)  
 Secretary

Date

\_\_\_\_\_

\_\_\_\_\_

Authorized Representative

Date

(Print Name)