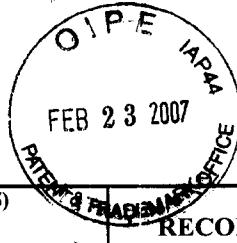


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02-28-2007



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Form PTO-1595 (Rev. 08/05)
(Rev. 10/02)
OMB No. 0651-0027 (exp. 6/30/2008)

U.S. DEPARTMENT OF COMMERCE
U.S. Patent and Trademark Office

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

<p>1. Name of conveying party(ies): Allen G. HIRSH</p> <p>Additional name(s) of conveying party(ies) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>2. Name and address of receiving party(ies) Name: CRYOBIOPHYSICA, INC. Internal Address: Street Address: 12111 Parklawn Drive City: Rockville State: MD Zip: 20852 Additional name(s) & address(es) attached? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>
<p>3. Nature of conveyance/Execution Date(s): Execution Date(s): January 11, 2007</p> <p><input type="checkbox"/> Assignment <input type="checkbox"/> Merger <input type="checkbox"/> Security Agreement <input checked="" type="checkbox"/> Change of Name <input type="checkbox"/> Joint Research Agreement <input type="checkbox"/> Government Interest Assignment <input type="checkbox"/> Executive Order 9424, Confirmatory License <input type="checkbox"/> Other ()</p>	

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

A. Patent Application No.(s) 10/556,562	B. Patent No.(s)
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Additional numbers attached? Yes No

<p>5. Name and address of party to whom correspondence concerning document should be mailed: Cooley Godward Kronish LLP Patent Group Street Address: 1200 19th Street, NW, 5th Floor City: Washington State: DC Zip: 20036</p>	<p>6. Total number of applications and patents involved: [1]</p> <p>7. Total fee (37 CFR 1.21(h) & 3.41).....\$40.00 <input type="checkbox"/> Enclosed <input checked="" type="checkbox"/> Authorized to be charged to deposit account</p> <p>8. Deposit account number: 50-1283 The Commissioner is hereby authorized to charge any appropriate fees under 37 CFR 3.41 that may be required by this paper, and to credit any overpayment, to Deposit Account No. 50-1283. This paper is submitted in duplicate.</p>
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9. Signature: *Thomas A. Blinka* Date: *2/23/07*

Name of Person Signing: **Thomas A. Blinka, Registration No. 44,541**

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

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(0010021 40.00 04)

State of Maryland
Department of
Assessments and Taxation



Martin O'Malley
Governor
C. John Sullivan, Jr.
Director
Paul B. Anderson
Administrator

Charter Division

Date: 01/17/2007

CRYOBIOPHYSICA INC
12111 PARKLAWN DR
ROCKVILLE MD 20852-1707

THIS LETTER IS TO CONFIRM ACCEPTANCE OF THE FOLLOWING FILING:

ENTITY NAME : CRYOBIOPHYSICA, INC.
DEPARTMENT ID : D05881743
TYPE OF REQUEST : ARTICLES OF AMENDMENT / NAME CHANGE
DATE FILED : 01-11-2007
TIME FILED : 10:49 AM
RECORDING FEE : \$100.00
EXPEDITED FEE : \$50.00
FILING NUMBER : 1000361994188765
CUSTOMER ID : 0001903105
WORK ORDER NUMBER : 0001346143

PLEASE VERIFY THE INFORMATION CONTAINED IN THIS LETTER. NOTIFY THIS DEPARTMENT
IN WRITING IF ANY INFORMATION IS INCORRECT. INCLUDE THE CUSTOMER ID AND THE WORK
ORDER NUMBER ON ANY INQUIRIES.

Charter Division
Baltimore Metro Area (410) 767-1350
Outside Metro Area (888) 246-5941

301 West Preston Street-Room 801-Baltimore, Maryland 21201-2395
Telephone (410)767-4950 / Toll free in Maryland (888)246-5941
MRS (Maryland Relay Service) (800)735-2258 TT/Voice- Fax (410)333-7097

0004350339

CACCPY

ENTITY TYPE: ORDINARY BUSINESS - STOCK
STOCK: Y
CLOSE: N
EFFECTIVE DATE: 01-11-2007
PRINCIPAL OFFICE: 12111 PARKLAWN DRIVE
ROCKVILLE MD 20852
RESIDENT AGENT: THE CORPORATION TRUST INCORPORATED
300 E LOMBARD ST
BALTIMORE MD 21202-3219

COMMENTS:

THIS AMENDMENT RECORD INDICATES THE NAME CHANGE

FROM: DNAVAX, INC.

TO: CRYOBIOPHYSICA, INC.