



RECOF

11-30-2007



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Our Ref.: LCM-1342-58

PATENT OFFICE

11-27-07

To the Director of the U.S. Patent and Trademark Office: Please record the attached original documents or copy thereof.

<p>1. Name of conveying party(ies):</p> <p>1 Biochem Pharma Inc. 5</p> <p>2 6</p> <p>3 7</p> <p>4 8</p> <p>Additional name/s of conveying party/ies attached? <input type="checkbox"/></p> <p>3. Nature of conveyance:</p> <p><input type="checkbox"/> Assignment <input type="checkbox"/> Merger</p> <p><input type="checkbox"/> Security Assignment <input type="checkbox"/> Change of Name</p> <p><input checked="" type="checkbox"/> Other <u>Change of Registered Address</u></p> <p>Execution Date: <u>December 15, 2005</u></p>	<p>2. Name and address of receiving party(ies):</p> <p>1) Name: Shire Canada Inc. Street Address: 2250 Alfred-Nobel Blvd., Suite 500 City: St. Laurent, Quebec</p> <p>State/Country: Canada Zip: H4S 2C9</p> <p>2) Name Street Address: City: State: Zip:</p> <p>Additional name/s & address/es attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
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<p>4. Application number(s) or patent number(s): <input type="checkbox"/> This assignment is being filed together with a new application.</p> <p>A. Patent Application No(s). (1) 08/401,493 (2) _____ (3) _____</p>	<p>B. Patent No(s). (1) 5,736,523 (2) _____ (3) _____</p> <p>Additional numbers attached <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
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<p>5. Name and address of party to whom correspondence concerning document should be mailed:</p> <p>Name: <u>Leonard C. Mitchard</u></p> <p>Internal Address: _____</p> <p>Street Address: <u>Nixon & Vanderhye P.C.</u> <u>901 North Glebe Road</u> <u>11th Floor</u></p> <p>City: <u>Arlington</u> State: <u>VA</u> Zip: <u>22203</u></p>	<p>6. Total number of applications & patents involved: <u>1</u></p> <p>7. Total fee (37 CFR 3.41) \$ <u>40.00</u></p> <p><input checked="" type="checkbox"/> Enclosed <input type="checkbox"/> Authorized to be charged to deposit account #14-1140</p> <p>8. The Commissioner is hereby authorized to charge any deficiency in the fee(s) filed, or asserted to be filed, or which should have been filed herewith (or with any paper thereafter filed in this application by this firm) to our Account No. 14-1140.</p>
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DO NOT USE THIS SPACE

9. Statements and signature.
To 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.

Leonard C. Mitchard November 27, 2007
Name of Person Signing Signature Date
Reg. No. 29,009

Total number of pages including original cover sheet, attachments, and document: [2]

Documents to be recorded (including cover sheet) should be faxed to (571) 273-0140, or mailed to:
Mail Stop Assignment Recordation Services, Director of the USPTO, P.O. Box 1450, Alexandria, VA 22313-1450

11/29/2007 MGETACHE 00000033 00401493
01 FC:0021 40.00 OP

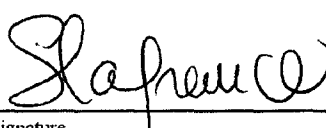
Change of Registered Office Address - Changement d'adresse du siège social
(Section 19 of the CBCA - article 19 de la LCSA)

Processing Type - Mode de traitement: E-Commerce / Commerce-É

1 Corporation name - Dénomination sociale de la société SHIRE BIOCHEM INC.	2 Corporation No. - N° de la société 384940-6
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3 New registered office address (must be a street address): Nouvelle adresse du siège social (doit être une adresse municipale):	
Number and Street Name - Numéro et nom de la rue 2250, BOUL. ALFRED-NOBEL BUR. 500	City - Ville VILLE ST-LAURENT
Prov./Terr. QUEBEC	Postal Code - Code Postal H4S 2C9

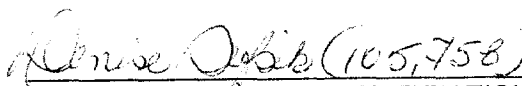
4 Mailing address (if different from the registered office): Adresse postale (si elle est différente de l'adresse du siège social):		
Attention Of - À l'attention de ME S. LAFRANCE	Number and Street Name - Numéro et nom de la rue 2250, BOUL. ALFRED-NOBEL BUR. 500	
City - Ville VILLE ST-LAURENT	Prov./Terr. QUEBEC	Postal Code - Code Postal H4S 2C9

5 Declaration - Déclaration: I hereby certify that I have the relevant knowledge of the corporation, and that I am authorized to sign and submit this form. J'atteste par la présente que je possède une connaissance suffisante de la société et que je suis autorisé à signer et à soumettre le présent formulaire.	
Print Name - Nom en lettres moulées S. LAFRANCE	 Signature
Telephone number - Numéro de téléphone (514)787-2374	

Note: Misrepresentation constitutes an offence and, on summary conviction, a person is liable to a fine not exceeding \$5000 or to imprisonment for a term not exceeding six months or both (subsection 250(1) of the CBCA).
Nota: Faire une fausse déclaration constitue une infraction et son auteur, sur déclaration de culpabilité par procédure sommaire, est passible d'une amende maximale de 5000 \$ ou d'un emprisonnement maximal de six mois, ou de ces deux peines (paragraphe 250(1) de la LCSA).

COPIE CONFORME

Signé ce 15^e jour de décembre 2005


COMMISSAIRE À L'ASSERMENTATION
pour le district judiciaire de Montréal, Québec

