

## PATENT ASSIGNMENT

Electronic Version v1.1

Stylesheet Version v1.1

|                                                                                      |                                      |
|--------------------------------------------------------------------------------------|--------------------------------------|
| SUBMISSION TYPE:                                                                     | NEW ASSIGNMENT                       |
| NATURE OF CONVEYANCE:                                                                | CHANGE OF NAME                       |
| CONVEYING PARTY DATA                                                                 |                                      |
| Name                                                                                 | Execution Date                       |
| Children's Hospital, Inc.                                                            | 09/24/2007                           |
| RECEIVING PARTY DATA                                                                 |                                      |
| Name:                                                                                | Nationwide Children's Hospital, Inc. |
| Street Address:                                                                      | 700 Children's Drive                 |
| City:                                                                                | Columbus                             |
| State/Country:                                                                       | OHIO                                 |
| Postal Code:                                                                         | 43205                                |
| PROPERTY NUMBERS Total: 1                                                            |                                      |
| Property Type                                                                        | Number                               |
| Application Number:                                                                  | 11145035                             |
| CORRESPONDENCE DATA                                                                  |                                      |
| Fax Number:                                                                          | (312)474-0448                        |
| <i>Correspondence will be sent via US Mail when the fax attempt is unsuccessful.</i> |                                      |
| Phone:                                                                               | 312/474-6300                         |
| Email:                                                                               | docket@marshallip.com                |
| Correspondent Name:                                                                  | Marshall Gerstein & Borun LLP        |
| Address Line 1:                                                                      | 233 South Wacker Drive               |
| Address Line 2:                                                                      | 6300 Sears Tower                     |
| Address Line 4:                                                                      | Chicago, ILLINOIS 60606              |
| ATTORNEY DOCKET NUMBER:                                                              | 28335/41335                          |
| NAME OF SUBMITTER:                                                                   | Audrey Nagelberg                     |
| Total Attachments: 2<br>source=Nationwide#page1.tif<br>source=Nationwide#page2.tif   |                                      |

OP \$40.00 11145035

500481642

PATENT  
REEL: 020619 FRAME: 0791



Prescribed by:

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

[www.sos.state.oh.us](http://www.sos.state.oh.us)

e-mail: [busserv@sos.state.oh.us](mailto:busserv@sos.state.oh.us)

**Expedite this Form! (Select One)**

**Mail Form to one of the Following:**

☒ Yes PO Box 1390  
Columbus, OH 43216

\*\*\* Requires an additional fee of \$180 \*\*\*

☐ 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><br><input type="checkbox"/> Amended<br>(122-AMAP) | <b>PLEASE READ INSTRUCTIONS</b><br><input type="checkbox"/> Amendment<br>(125-AMDS) | <b>(2) Domestic Nonprofit</b><br><input type="checkbox"/> Amended<br>(128-AMAN)<br><input checked="" type="checkbox"/> Amendment<br>(128-AMD) |
|----------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|

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

Name of Corporation Children's Hospital, Inc.

Charter Number 593488

Name of Officer Steven J. Allen, M.D.

Title Chief Executive Officer

☐ Please check if additional provisions attached.

The above named Ohio corporation, does hereby certify that:

☐ A meeting of the ☐ shareholders ☐ directors (nonprofit 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 incorporations be and the same are hereby adopted to supercede and take the place of the existing articles of Incorporation and all amendments thereto.

RECEIVED  
 SECRETARY OF STATE  
 2008 SEP 24 AM 9:07  
 CLIENT SERVICE CENTER

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: Nationwide Children's Hospital, Inc.

SECOND: The place in the State of Ohio where its principal office is located is in the City of:

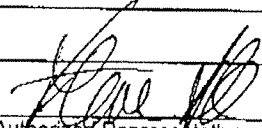
(city, village or township)

(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)

  
Authorized Representative

September 24, 2007

Date

Steven J. Allen, M.D.

(Print Name)

Chief Executive Officer

Authorized Representative

(Print Name)

Date