

PATENT ASSIGNMENT

Electronic Version v1.1

Stylesheet Version v1.1

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	MERGER
EFFECTIVE DATE:	12/20/2006
CONVEYING PARTY DATA	
Name	Execution Date
Serologicals Corporation	12/20/2006
RECEIVING PARTY DATA	
Name:	Millipore Corporation
Street Address:	290 Concord Road
City:	Billerica
State/Country:	MASSACHUSETTS
Postal Code:	01821
PROPERTY NUMBERS Total: 1	
Property Type	Number
Application Number:	09358082
CORRESPONDENCE DATA	
Fax Number:	(215)701-2005
<i>Correspondence will be sent via US Mail when the fax attempt is unsuccessful.</i>	
Phone:	215-665-5593
Email:	dtrujillo@cozen.com
Correspondent Name:	Doreen Y. Trujillo
Address Line 1:	1900 Market Street
Address Line 2:	COZEN O'CONNOR
Address Line 4:	Philadelphia, PENNSYLVANIA 19103
ATTORNEY DOCKET NUMBER:	HARR0027-101
NAME OF SUBMITTER:	Doreen Y. Trujillo
Total Attachments: 4	
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The Commonwealth of Massachusetts

William Francis Galvin
Secretary of the Commonwealth
One Ashburton Place, Boston, Massachusetts 02108-1512

FORM MUST BE TYPED

Articles of Merger

FORM MUST BE TYPED

Involving Domestic Corporations, Foreign Corporations or Foreign Other Entities (General Laws Chapter 156D, Section 11.06; 950 CMR 113.37)

Exact name, jurisdiction and date of organization of each party to the merger:

(1) EXACT NAME	(2) JURISDICTION	DATE OF ORGANIZATION
<u>Millipore Corporation</u>	<u>Massachusetts</u>	<u>May 3, 1954</u>
<u>Serologicals Corporation</u>	<u>Delaware</u>	<u>October 17, 1994</u>

(3) The foreign corporation or other entity ☐ is / ☒ is not* authorized to conduct business in the Commonwealth.

(4) Exact name of the surviving entity: Millipore Corporation

(5) Jurisdiction under the laws of which the surviving entity will be organized: Massachusetts

(6) The merger shall be effective at the time and on the date approved by the Division, unless a later effective date not more than 90 days from the date and time of filing is specified: 11:59 p.m. eastern standard time on December 31, 2006

(7-8) For each domestic corporation that is a party to the merger:**

(check appropriate box)

☐ The plan of merger was duly approved by the shareholders, and where required, by each separate voting group as provided by G.L. Chapter 156D and the articles of organization.

OR

☒ The plan of merger did not require the approval of the shareholders.

(9) Participation of each other domestic entity, foreign corporation, or foreign other entity was duly authorized by the law under which the other entity or foreign corporation is organized and by its organizational documents.

* Check appropriate box

** Provide this information for each domestic corporation separately

P.C.

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(10) Attach any amendment to articles of organization of the surviving entity, where the survivor is a domestic business corporation.

(11) Attach the articles of organization of the surviving entity, where the survivor is a NEW domestic business corporation, including all the supplemental information required by 950 CMR 113.16.

(12) State the executive office address of the surviving foreign other entity if such information is not on the public record in the foreign jurisdiction: n/a
(number, street, city or town, state, zip code)

Signed by: Kathleen B. Allen
Kathleen B. Allen (signature of authorized individual)

☐ Chairman of the board of directors,

☐ President,

☒ Other officer,

☐ Court-appointed fiduciary,

on this 20th day of December, 2006

Signed by: Kathleen B. Allen
Kathleen B. Allen (signature of authorized individual)

☐ Chairman of the board of directors,

☐ President,

☒ Other officer,

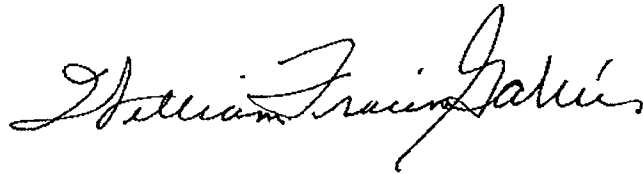
☐ Court-appointed fiduciary,

on this 20th day of December, 2006

THE COMMONWEALTH OF MASSACHUSETTS

I hereby certify that, upon examination of this document, duly submitted to me, it appears
that the provisions of the General Laws relative to corporations have been complied with,
and I hereby approve said articles; and the filing fee having been paid, said articles are

deemed to have been filed with me on:
December 20, 2006 1:13 PM

A handwritten signature in cursive script, reading "William Francis Galvin". The signature is written in dark ink and is centered on the page.

WILLIAM FRANCIS GALVIN

Secretary of the Commonwealth