

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 Hospital Drive
Internal Address:	Room W172
City:	Columbus
State/Country:	OHIO
Postal Code:	43205
PROPERTY NUMBERS Total: 1	
Property Type	Number
Application Number:	11970273
CORRESPONDENCE DATA	
Fax Number:	(312)474-0448
<i>Correspondence will be sent via US Mail when the fax attempt is unsuccessful.</i>	
Phone:	3124746300
Email:	jschumerth@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:	28335/40731A
NAME OF SUBMITTER:	Sharon M. Sintich
Total Attachments: 2 source=DOC#page1.tif source=DOC#page2.tif	

OP \$40.00 11970273

PATENT

500713154

REEL: 021882 FRAME: 0657



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

Expedite this Form! (Select One)	
Mail Form to one of the Following:	
<input checked="" type="radio"/> Yes	PO Box 1390 Columbus, OH 43218 *** Requires an additional fee of \$180 ***
<input 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)

(1) Domestic for Profit <input type="checkbox"/> Amended (122-AMAP)	PLEASE READ INSTRUCTIONS <input type="checkbox"/> Amendment (125-AMDS)	(2) Domestic Nonprofit <input type="checkbox"/> Amended (126-AMAN)	<input checked="" type="checkbox"/> Amendment (128-AMD)
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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
 2007 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.

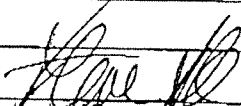
SECOND: The place in the State of Ohio where its principal office is located is in the City of:

 (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

Date

(Print Name)