

Form PTO-1595 (Rev. 03-09)  
OMB No. 0651-0027 (exp. 03/31/2009)

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

## RECORDATION FORM COVER SHEET PATENTS ONLY

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

### 1. Name of conveying party(ies)

OxyPlus, Inc.

Additional name(s) of conveying party(ies) attached? ☐ Yes ☒ No

### 3. Nature of conveyance/Execution Date(s):

Execution Date(s) 10/15/2008

- ☐ Assignment ☐ Merger  
☐ Security Agreement ☒ Change of Name  
☐ Joint Research Agreement  
☐ Government Interest Assignment  
☐ Executive Order 9424, Confirmatory License  
☐ Other \_\_\_\_\_

### 2. Name and address of receiving party(ies)

Name: NormOxys, Inc.

Internal Address: \_\_\_\_\_

Street Address: 300 Market Street

City: Brighton

State: Massachusetts

Country: United States of America Zip 02135

Additional name(s) & address(es) attached? ☐ Yes ☒ No

### 4. Application or patent number(s):

☐ This document is being filed together with a new application.

A. Patent Application No.(s)

B. Patent No.(s)

11/328,313; 11/600,685; 11/175,979; 11/396,338; 11/497,566; 11/384,012;  
12/130,005; 12/150,946; and 11/967,424

7,084,115

Additional numbers attached? ☐ Yes ☒ No

### 5. Name and address to whom correspondence concerning document should be mailed:

Name: King & Spalding

Internal Address: Intellectual Property Dept. - Patents

Street Address: 1180 Peachtree Street, N.E.

City: Atlanta

State: Georgia

Zip 30309-3521

Phone Number: 1-404-572-4600

Fax Number: 1-404-572-5134

Email Address: \_\_\_\_\_

### 6. Total number of applications and patents involved: 10

### 7. Total fee (37 CFR 1.21(h) & 3.41) \$400

- ☐ Authorized to be charged to deposit account  
☒ Enclosed  
☐ None required (government interest not affecting title)

### 8. Payment Information

Deposit Account Number \_\_\_\_\_

Authorized User Name \_\_\_\_\_

### 9. Signature:

Shirley E. Brosmore  
Signature

June 12, 2009

Date

Shirley E. Brosmore, Reg. No. 56167

Name of Person Signing

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

7

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, V.A. 22313-1450

**PATENT**

700410595

REEL: 022813 FRAME: 0892

OP \$400.00 11328313

# Delaware

PAGE 1

## *The First State*

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "OXYPLUS, INC.", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "NORMOXYS, INC.", THE TENTH DAY OF OCTOBER, A.D. 2008, AT 3:57 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CORPORATION IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE NOT HAVING BEEN CANCELLED OR DISSOLVED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "OXYPLUS, INC." WAS INCORPORATED ON THE SEVENTEENTH DAY OF MARCH, A.D. 2004.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.



3776264 8320

081040750

You may verify this certificate online  
at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

*Harriet Smith Windsor*

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 6913061

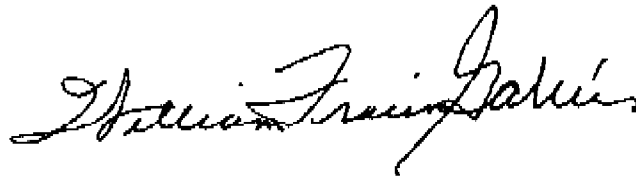
DATE: 10-15-08

PATENT

REEL: 022813 FRAME: 0893

## 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:  
October 15, 2008 5:38 PM

A handwritten signature in black ink, reading "William Francis Galvin". The signature is written in a cursive, flowing style.

WILLIAM FRANCIS GALVIN

*Secretary of the Commonwealth*

**F  
FPC**

**The Commonwealth of Massachusetts**

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

FORM MUST BE TYPED

**Certificate of Amendment**

FORM MUST BE TYPED

(General Laws Chapter 156D, Section 15.04; 950 CMR 113.49)

- (1) Exact name of corporation: Oxyplus, Inc.  
(as contained in the Division's records)
- (2) Registered office address: The Corporation Trust Company, 1209 Orange Street, Wilmington, Delaware 19801  
(number, street, city or town, state, zip code)
- (3) This amendment shall change:  
(check appropriate box(es))
- ☒ the corporation's name to\*: NormOxy, Inc.
- ☐ the period of the corporation's duration to: \_\_\_\_\_
- ☐ the state or country of its incorporation to\*: \_\_\_\_\_
- ☐ the street address of its principal office to: \_\_\_\_\_
- ☐ the fiscal year end to: \_\_\_\_\_
- ☐ the activities conducted by the foreign corporation in the commonwealth: \_\_\_\_\_
- ☐ other: \_\_\_\_\_

\* The name must satisfy the requirements of G.L. Chapter 156D, Section 15.06.

\* If the amendment includes a change of its corporate name, or the state or country of its incorporation, attach a certificate evidencing the changes duly authenticated by the secretary of state or other official having custody of the corporate records in the state or country under whose law it is incorporated. If the certificate is in a foreign language, a translation thereof under oath of the translator shall be attached.

