

AUG 24

08-25-2009

RECORDATION FORM COVER SHEET  
**PATENTS ONLY**



103571799

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)**

Duska Therapeutics, Inc. (now Cordex Pharma, Inc.)

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

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

Execution Date(s) 12/15/2008

- ☐ 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: Platinum Long Term Growth VI, LLC

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

Street Address: 152 W. 57th Street

54th Floor

City: New York

State: New York

Country: USA Zip: 10019

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)**

11/187,753 61/156263  
PCT/US2006/021100 PCT/US2006/040117  
60/891,836  
11/581,180

**B. Patent No.(s)**

5874420 7,067,659  
6372724  
5474890  
6465441

Additional numbers attached? ☐ Yes ☒ No

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

Name: Shane W. McCormack

Internal Address: Burak Anderson & Melloni, PLC

Street Address: 30 Main Street

PO Box 787

City: Burlington

State: VT Zip: 05401

Phone Number: (802) 862-0500

Fax Number: (802) 862-8176

Email Address: smccormack@vtlaw1.com

**6. Total number of applications and patents involved: 11**

**7. Total fee (37 CFR 1.21(h) & 3.41) \$ \_\_\_\_\_**

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

**8. Payment Information**

a. Credit Card Last 4 Numbers \_\_\_\_\_  
Expiration Date \_\_\_\_\_

b. Deposit Account Number \_\_\_\_\_

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

**9. Signature:**

Signature

August 21, 2009

Date

Shane W. McCormack  
Name of Person Signing

Total number of pages including cover  
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9

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05-19-2009

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



ET

103560766

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

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Email Address: smccormack@vtlaw1.com

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**7. Total fee (37 CFR 1.21(h) & 3.41) \$ 40.00**

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

**8. Payment Information**

a. Credit Card Last 4 Numbers \_\_\_\_\_  
Expiration Date \_\_\_\_\_

b. Deposit Account Number

Authorized User Name

**9. Signature:**

Signature

May 13, 2009

Date

Shane W. McCormack  
Name of Person Signing

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RE 7/29/09

JUL 29 2009

Form PTO-1595 (Rev. 07/05)  
OMB No. 0651-0027 (exp. 6/30/2008)

07-31-2009

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

RE



103569237

To the Director of the U.S. Patent and Trademark Office

Attachments or the new address(es) below.

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

Duska Therapeutics, Inc. (now Cordex Pharma, Inc.)

Additional name(s) of conveying party(ies) attached? ☐ Yes ☒ No**3. Nature of conveyance/Execution Date(s):**

Execution Date(s) 12/15/2008

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Email Address: smccormack@vtlaw1.com

**6. Total number of applications and patents involved: 11****7. Total fee (37 CFR 1.21(h) & 3.41) \$360.00**

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

**8. Payment Information**a. Credit Card Last 4 Numbers  
Expiration Date

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Authorized User Name

**9. Signature:**

Signature

July 27, 2009


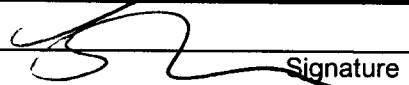
Date

Shane W. McCormack  
Name of Person SigningTotal number of pages including cover  
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RE 5/18/09

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| RE 06-09-2009  |  |
|    |  |
| 103563235  |  |
| To the Director of the U.S. Patent and Trademark Office  |  |
| Name(s) of receiving party(ies)  |  |
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| State: <u>New York</u>   |  |
| Country: <u>USA</u> Zip: <u>10019</u>  |  |
| Additional name(s) of conveying party(ies) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |  |
| 3. Nature of conveyance/Execution Date(s):   |  |
| Execution Date(s) <u>12/15/2008</u>  |  |
| <input type="checkbox"/> Assignment <input type="checkbox"/> Merger  |  |
| <input type="checkbox"/> Security Agreement <input checked="" type="checkbox"/> Change of Name                             |  |
| <input type="checkbox"/> Joint Research Agreement  |  |
| <input type="checkbox"/> Government Interest Assignment  |  |
| <input type="checkbox"/> Executive Order 9424, Confirmatory License  |  |
| <input type="checkbox"/> Other _____   |  |
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| A. Patent Application No.(s)   |  |
| 11/187,753 61/156263   |  |
| PCT/US2006/021100 PCT/US2006/040117  |  |
| 60/891,836   |  |
| 20070208041  |  |
| B. Patent No.(s)   |  |
| 5874420 7,067,659  |  |
| 6372724  |  |
| 5474890  |  |
| 6465441  |  |
| Additional numbers attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                           |  |
| 5. Name and address to whom correspondence concerning document should be mailed:   |  |
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| <u>PO Box 787</u>  |  |
| City: <u>Burlington</u>  |  |
| State: <u>VT</u> Zip: <u>05401</u>   |  |
| Phone Number: <u>(802) 862-0500</u>  |  |
| Fax Number: <u>(802) 862-8176</u>  |  |
| Email Address: <u>smccormack@vtlaw1.com</u>  |  |
| 6. Total number of applications and patents involved: <u>11</u>  |  |
| 7. Total fee (37 CFR 1.21(h) & 3.41) \$ _____  |  |
| <input type="checkbox"/> Authorized to be charged by credit card   |  |
| <input type="checkbox"/> Authorized to be charged to deposit account   |  |
| <input type="checkbox"/> Enclosed  |  |
| <input type="checkbox"/> None required (government interest not affecting title)   |  |
| 8. Payment Information   |  |
| a. Credit Card Last 4 Numbers _____  |  |
| Expiration Date _____  |  |
| b. Deposit Account Number _____  |  |
| Authorized User Name _____   |  |
| 9. Signature:                           |  |
| June 4, 2009   |  |
| Date   |  |
| Shane W. McCormack   |  |
| Name of Person Signing   |  |
| Total number of pages including cover sheet, attachments, and documents: <u>4</u>  |  |

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ROSS MILLER  
Secretary of State  
204 North Carson Street, Ste 1  
Carson City, Nevada 89701-4298  
(775) 684 5708  
Website: www.nvsos.gov

|  |   |
|--|---|
| Filed in the office of<br><br>Ross Miller<br>Secretary of State<br>State of Nevada | Document Number<br><b>20080791500-82</b>          |
|  | Filing Date and Time<br><b>12/04/2008 3:00 PM</b> |
|  | Entity Number<br><b>C27030-1999</b>               |

**Certificate of Amendment**  
(PURSUANT TO NRS 78.385 AND 78.390)

USE BLACK INK ONLY - DO NOT HIGHLIGHT

ABOVE SPACE IS FOR OFFICE USE ONLY

**Certificate of Amendment to Articles of Incorporation**  
**For Nevada Profit Corporations**  
(Pursuant to NRS 78.385 and 78.390 - After Issuance of Stock)

1. Name of corporation:

Duka Therapeutics, Inc.

2. The articles have been amended as follows: (provide article numbers, if available)

I. The name of the corporation is: Cordex Pharma, Inc.

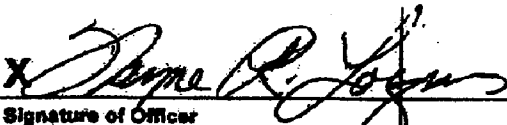
3. The vote by which the stockholders holding shares in the corporation entitling them to exercise a least a majority of the voting power, or such greater proportion of the voting power as may be required in the case of a vote by classes or series, or as may be required by the provisions of the articles of incorporation\* have voted in favor of the amendment is: 57%

4. Effective date of filing: (optional)

12/15/08

(must not be later than 90 days after the certificate is filed)

5. Signature: (required)

X 

Signature of Officer

\*If any proposed amendment would alter or change any preference or any relative or other right given to any class or series of outstanding shares, then the amendment must be approved by the vote, in addition to the affirmative vote otherwise required, of the holders of shares representing a majority of the voting power of each class or series affected by the amendment regardless to limitations or restrictions on the voting power thereof.

**IMPORTANT:** Failure to include any of the above information and submit with the proper fees may cause this filing to be rejected.

This form must be accompanied by appropriate fees.

Nevada Secretary of State Amend Profit-After  
Revised: 7-1-08