PATENT ASSIGNMENT

Electronic Version v1.1 Stylesheet Version v1.1

SUBMISSION TYPE:	NEW ASSIGNMENT						
NATURE OF CONVEYANCE:	Change of Address						
CONVEYING PARTY DATA							
Name Execution Date							
Bayer HealthCare LLC 01/30/2009							
RECEIVING PARTY DATA							
Name: Bayer HealthCare	LC						
Street Address: 555 White Plains F	oad						
City: Tarrytown							
State/Country: NEW YORK							
Postal Code: 10591							
PROPERTY NUMBERS Total: 1							
Property Type Number							
Application Number: 1259	umber: 12597333						
CORRESPONDENCE DATA							
Fax Number:(302)658-5614Correspondence will be sent via US Mail when the fax attempt is unsuccessful.Phone:302-658-9141							
Email: CHansen@cblh.com Correspondent Name: CONNOLLY BOVE LODGE & HUTZ, LLP							
Address Line 1: 1007 NORTH ORANGE STREET							
Address Line 2: P O BOX 2207							
Address Line 4: WILMINGTON, DELAWARE 19899							
ATTORNEY DOCKET NUMBER: MSB-7315-US18							
NAME OF SUBMITTER:	Christine M. Hansen						
Total Attachments: 4 source=Recordation#page1.tif source=Recordation#page2.tif source=Recordation#page3.tif source=Recordation#page4.tif							

		onwealth of Ma iam Francis Ga	ssachusetts alvin	Minimium Fee: \$500.	
and the way	Secretary of the Commonwealth,C orporations Division One Ashburton Place, 17th floor Boston, MA 02108-1512 Telephone: (617) 727-9640				
nnual Report ieneral Laws, Chapter	r)				
Federal Employer Id	entification Number: <u>06</u>	1 <u>653795</u> (must be 9	digits)		
Annual Report Filing	g Year: <u>2009</u>				
.a. Exactn ame of t	he limited liability comp	oany: <u>BAYER HEALT</u>	HCARE LLC		
.b. The exact name	oft he limited liability c	ompany <i>as amende</i>	d, is: <u>BAYER HEAL</u>	THCARE LLC	
.c. If different, the r	name under which it doe	es business in the C	ommonwealth:		
	lity Company is organize ganization is: <u>10/16/200</u>		f: State: <u>DE</u> Co	untry: <u>USA</u>	
	acter ofb usiness, and if	the limited liability	company is organ	ized to render profession	
OVER-THE-COUN	to be rendered: <u>TER DRUGS,A NIMAI</u> LOOD PRODUCTS_	-			
OVER-THE-COUN	TER DRUGS,A NIMAI	-			
EQUIPMENT,B LA	TER DRUGS,A NIMAI	<u>. HEALTH PRODU</u>			
OVER-THE-COUN EQUIPMENT,B LA	TER DRUGS,A NIMAI 1000 PRODUCTS	L HEALTH PRODU		TIC LABORATORY	
DVER-THE-COUN EQUIPMENT,B LA Location of its pri No. and Street: City or Town:	TER DRUGS,A NIMAI OOD PRODUCTS ncipal office: 555 WHITE PLAIN	<u>L HEALTH PRODU</u> <u>IS ROAD</u> State: <u>NY</u>	JCTS,D IAGNOS Zip: <u>10591</u>	<u>TIC LABORATORY</u> Country: <u>USA</u>	
DVER-THE-COUN EQUIPMENT, BLA Location of its pri No. and Street: Dity or Town: City or Town:	<u>TER DRUGS,A NIMAI</u> <u>OOD PRODUCTS</u> ncipal office: <u>555 WHITE PLAIN</u> <u>TARRYTOWN</u>	<u>L HEALTH PRODU</u> <u>IS ROAD</u> State: <u>NY</u>	JCTS,D IAGNOS Zip: <u>10591</u>	<u>TIC LABORATORY</u> Country: <u>USA</u>	
DVER-THE-COUN EQUIPMENT, BLA Location of its pri No. and Street: City or Town: City or Town: No. and Street: City or Town:	<u>TER DRUGS,A NIMAI</u> <u>OOD PRODUCTS</u> ncipal office: <u>555 WHITE PLAIN</u> <u>TARRYTOWN</u>	<u>L HEALTH PRODU</u> <u>IS ROAD</u> State: <u>NY</u> mmonwealth at whice State:	JCTS,D IAGNOS Zip: <u>10591</u> ch its records will	<u>TIC LABORATORY</u> Country: <u>USA</u> be maintained:	
DVER-THE-COUN QUIPMENT,B LA Location of its pri- lo, and Street: Dity or Town: The street address No. and Street: Dity or Town: The name and bus	TER DRUGS,A NIMAI OOD PRODUCTS ncipal office: <u>555 WHITE PLAIN</u> <u>TARRYTOWN</u> s of the office in the Con siness address of each	<u>L HEALTH PRODU</u> <u>IS ROAD</u> State: <u>NY</u> mmonwealth at whice State:	JCTS,D IAGNOS Zip: <u>10591</u> ch its records will Zip:	<u>TIC LABORATORY</u> Country: <u>USA</u> be maintained:	
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OVER-THE-COUN BQUIPMENT,B LA Location of its pri No. and Street: Dity or Town: S. The street address No. and Street: Dity or Town: S. The name and bus	TER DRUGS,A NIMAI OOD PRODUCTS ncipal office: <u>555 WHITE PLAIN</u> <u>TARRYTOWN</u> s of the office in the Cou siness address of each	L HEALTH PRODU <u>IS ROAD</u> State: <u>NY</u> mmonwealth at which State: manager, if any: Jal Name	JCTS,D IAGNOS Zip: <u>10591</u> ch its records will Zip: Add	TIC LABORATORY Country: USA be maintained: Country:	

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Title	Indiv	Individual Name		Address (no PO Box)	
	First, Middle, Last, Suffix		Address, City or Town, State, Zip Code		
REAL PROPERTY	WILI	WILLY SCHERF		100 BAYER ROAD BURGH, PA 15205 USA	
REAL PROPERTY	DR. AT	DR. ATTILA MOLNAR		100 BAYER ROAD BURGH, PA 15205 USA	
REAL PROPERTY	ANDF	ANDREAS BEIER		100 BAYER ROAD BURGH, PA 15205 USA	
REAL PROPERTY	KEITH	KEITH R. ABRAMS		100 BAYER ROAD PITTSBURGH, PA 15205 USA	
REAL PROPERTY	TRAC	TRACY SPAGNOL		100 BAYER ROAD PITTSBURGH, PA 15205 USA	
REAL PROPERTY	PAUL	PAUL F. WRIGHT		100 BAYER ROAD PITTSBURGH, PA 15205 USA	
Name: No. and Street:	CORPORATION SERVICE COMPANY 84 STATE ST.				
City or Town:	BOSTON	State: MA	Zip: <u>02109</u>	Country: <u>USA</u>	
9. If the foreign limited limited liability compared	• • •	has a specific date	of dissolution, the	latest date on which the	
10. Additional matters:					
SIGNED UNDER TH BAYER CORPORAT				ry,2 009,	
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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: January 30, 2009 11:03 AM

Hetian Traingalie

WILLIAM FRANCIS GALVIN

Secretary oft he Commonwealth

0-223-0

RECORDED: 03/18/2010