

PATENT ASSIGNMENT

Electronic Version v1.1
 Stylesheet Version v1.1

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	ASSIGNMENT
CONVEYING PARTY DATA	
Name	Execution Date
Immersion Medical, Inc.	01/13/2010
RECEIVING PARTY DATA	
Name:	Immersion Medical, Inc.
Street Address:	715 St. Paul Street
City:	Baltimore
State/Country:	MARYLAND
Postal Code:	21202
PROPERTY NUMBERS Total: 1	
Property Type	Number
Application Number:	12031642
CORRESPONDENCE DATA	
Fax Number:	(336)607-7500
<i>Correspondence will be sent via US Mail when the fax attempt is unsuccessful.</i>	
Phone:	336-607-7363
Email:	bfooster@kilpatricktownsend.com
Correspondent Name:	Bryan S. Foster
Address Line 1:	1001 W. Fourth Street
Address Line 4:	Winston-Salem, NORTH CAROLINA 27101-2400
ATTORNEY DOCKET NUMBER:	51851-352406
NAME OF SUBMITTER:	Renee S. Prevette
Total Attachments: 2 source=AssignmentIMD294#page1.tif source=AssignmentIMD294#page2.tif	

OP \$40.00 12031642

501548445

PATENT
REEL: 026360 FRAME: 0438

CORPORATE CHARTER APPROVAL SHEET

****EXPEDITED SERVICE****

**** KEEP WITH DOCUMENT ****

DOCUMENT CODE 80 BUSINESS CODE _____

D04148763

Close _____ Stock _____ Nonstock _____

P.A. _____ Religious _____

Merging (Transferor) _____

Surviving (Transferee) _____



1000361999207396

ID # D04148763 ACK # 1000361999207396

PAGES: 0002

IMMERSION MEDICAL, INC.

01/13/2010 AT 05:45 P WO # 0001817347

New Name _____

FEES REMITTED

Base Fee: 25

Org. & Cap. Fee: _____

Expedite Fee: 50

Penalty: _____

State Recordation Tax: _____

State Transfer Tax: _____

Certified Copies _____

Copy Fee: _____

Certificates _____

Certificate of Status Fee: _____

Personal Property Filings: _____

Mail Processing Fee: _____

Other: _____

TOTAL FEES: 75

Credit Card _____ Check X Cash _____

Documents on 2 Checks

Approved By: [Signature]

Keyed By: _____

COMMENT(S): _____

- ☐ Change of Name
- ☒ Change of Principal Office
- ☒ Change of Resident Agent
- ☒ Change of Resident Agent Address
- ☐ Resignation of Resident Agent
- ☐ Designation of Resident Agent and Resident Agent's Address
- ☐ Change of Business Code

Adoption of Assumed Name _____

Other Change(s) _____

Code _____

Attention: _____

Mail: Name and Address

AMIE PETERS
801N FOX LANE
SAN JOSE CA 95131

Stamp Work Order and Customer Number HERE

CUST ID:0002374309
WORK ORDER:0001817347
DATE:01-13-2010 05:45 PM
AMT. PAID:\$75.00

PATENT

REFL: 026360 FRAME: 0439

RESOLUTION TO CHANGE PRINCIPAL OFFICE OR RESIDENT AGENT

The directors/stockholders/general partner/authorized person of Immersion Medical, Inc.

(Name of Entity)

organized under the laws of Maryland, passed the following resolution:
(State)

[CHECK APPLICABLE BOX(ES)]

☒ The principal office is changed from: (old address)

55 West Watkins Mill Road, Gaithersburg, Maryland 20878

to: (new address)

715 St. Paul Street, Baltimore, Maryland 21202 (address of our resident agent)


☒ The name and address of the resident agent is changed from:

Richard Vogel; 55 West Watkins Mill Road, Gaithersburg, Maryland 20878

to:

Incorporating Services of Maryland, Ltd.; 715 St. Paul Street, Baltimore, Maryland 21202


I certify under penalties of perjury the foregoing is true


Secretary or Assistant Secretary
General Partner
Authorized Person

I hereby consent to my designation in this document as resident agent for this entity.

Incorporating Services of Maryland, Ltd.

SIGNED


Resident Agent

Assistant
Secretary

CUST ID: 0002374309

WORK ORDER: 0001817347

DATE: 01-13-2010 05:45 PM

AMT. PAID: \$75.00

PATENT

RECORDED: 05/31/2011

REEL: 026360 FRAME: 0440