

# PATENT ASSIGNMENT

Electronic Version v1.1  
 Stylesheet Version v1.1

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	ASSIGNMENT
<b>CONVEYING PARTY DATA</b>	
Name	Execution Date
UCB S.A.	06/30/2011
<b>RECEIVING PARTY DATA</b>	
Name:	UCB Pharma S.A.
Street Address:	60 Allee de la Recherche
City:	Brussels
State/Country:	BELGIUM
Postal Code:	B-1070
<b>PROPERTY NUMBERS Total: 1</b>	
Property Type	Number
Application Number:	11608408
<b>CORRESPONDENCE DATA</b>	
Fax Number:	(215)701-2005
<i>Correspondence will be sent via US Mail when the fax attempt is unsuccessful.</i>	
Phone:	2156655593
Email:	dtrujillo@cozen.com
Correspondent Name:	Doreen Yatko Trujillo
Address Line 1:	1900 Market Street
Address Line 4:	Philadelphia, PENNSYLVANIA 19103
ATTORNEY DOCKET NUMBER:	CELL0004-100 (216831)
NAME OF SUBMITTER:	Doreen Yatko Trujillo
Total Attachments: 5 source=int2B9#page1.tif source=int2B9#page2.tif source=int2B9#page3.tif source=int2B9#page4.tif source=int2B9#page5.tif	

**PATENT**

**501609173**

**REEL: 026664 FRAME: 0018**

**CH \$40.00 11608408**

**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)**

UCB S.A.

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

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

Execution Date(s) June 30, 2011

- ☒ 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: UCB Pharma S.A.

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

Street Address: 60 Allée de la Recherche

City: Brussels

State: \_\_\_\_\_

Country: Belgium Zip B-1070

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)

11/608,408

Additional numbers attached? ☐ Yes ☒ No

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

Name: Doreen Yatko Trujillo

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

Street Address: 1900 Market Street

City: Philadelphia

State: PA Zip: 19103

Phone Number: 215 665 5593

Fax Number: 215 701 2005

Email Address: dtrujillo@cozen.com

**6. Total number of applications and patents involved: 1**

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

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

**8. Payment Information**

Deposit Account Number 503111

Authorized User Name Doreen Yatko Trujillo

**9. Signature:**

/Doreen Yatko Trujillo/

Signature

July 28, 2011

Date

Doreen Yatko Trujillo

Name of Person Signing

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

5

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

**CONFIRMATORY ASSIGNMENT**

UCB S.A., whose full post office address is **60 Allée de la Recherche, B-1070 Brussels, Belgium**, confirm that for good and valuable consideration, it did assign and transfer all of its rights, titles and interests in and to the inventions disclosed on the Schedule A attached hereto, and in, to and under any and all Letters Patent which may be granted on or as a result thereof in any and all countries to **UCB Pharma S.A.**, whose full post office address is **60 Allée de la Recherche, B-1070 Brussels, Belgium, on December 20, 2006.**

IN WITNESS WHEREOF, the undersigned, being properly authorized to execute this Assignment, hereunto sets their hand and seal.

UCB S.A.

By: \_\_\_\_\_

(Name)

Its: \_\_\_\_\_

(Title)

**Allen NORRIS**

**Proxy and legal representative**

Date: \_\_\_\_\_

**30 JUIN 2011**

PROVINCE OF \_\_\_\_\_:

**SS**

COUNTRY OF \_\_\_\_\_:

On this \_\_\_\_\_ day of \_\_\_\_\_, year of 2011, before me, the undersigned officer, personally came the above named \_\_\_\_\_ (*Person Signing Assignment*), to me personally known) and known to me to be the same individual who executed the foregoing assignment, and who acknowledged to me that execution of the same was of that person's own free will for the use and purposes therein set forth.

\_\_\_\_\_  
Notary Public

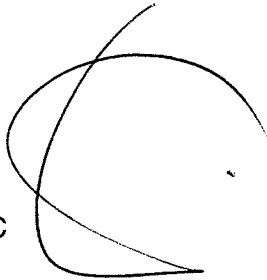
## CERTIFICATE

The undersigned Notary Public, member of HISETTE, ROGGEMAN, DERYNCK & DESIMPEL, Associated Notaries, at 1000 Brussels, rue de l'Association, 30, do hereby certify that the signature(s) affixed on the "Confirmatory Assignment" document attached is to be the signature of **Mr. Allen NORRIS**.

The undersigned Notary Public, member of HISETTE, ROGGEMAN, DERYNCK & DESIMPEL, Associated Notaries, at 1000 Brussels, rue de l'Association, 30, do also hereby certify that Mr. **Allen NORRIS** is a legal representative of UCB, S.A. and has authority to execute this assignment document on behalf of UCB, S.A., and without counter-signature by any other individual.

Place and Date: Brussels, *July 5<sup>th</sup>, 2011*

NOTARY PUBLIC



Damien HISETTE  
Notaire associé - Geassocieerde notaris  
Rue de l'Association 30 Verenigingstraat  
Bruxelles 1000 Brussel

STATEMENT OF WITNESS

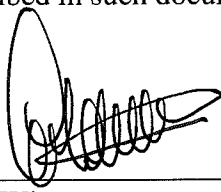
SIGNED at Brussels  
(City) (Country)

This \_\_\_\_\_ day of 30 JUN 2011, 2011.

I, Marina CRAINICH, whose full residence  
address is 40 UCB Pharma SA

Allée de la Recherche, 60  
B-1070 Bruxelles - Belgium

was personally present and did see Allen Norris (Person Signing Assignment)  
execute the above assignment on the 30<sup>th</sup> day of June, 2011, and such  
assignor is personally known to me to be the person described in such document.

  
\_\_\_\_\_  
Signature of Witness

**SCHEDULE A**

<b>Cozen Reference</b>	<b>Serial No. or Patent No.</b>	<b>Filing Date or Grant Date</b>	<b>Title</b>
<b>CELL0004-100</b>	<b>11/608,408</b>	<b>Filed: December 8, 2006</b>	<b>Antibody Molecules Having Specificity for Human IL-6</b>