

PATENT ASSIGNMENT

Electronic Version v1.1

Stylesheet Version v1.1

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	CHANGE OF NAME
CONVEYING PARTY DATA	
Name	Execution Date
Eyetechn Pharmaceuticals, Inc.	11/14/2005
RECEIVING PARTY DATA	
Name:	(OSI) Eyetechn, Inc.
Street Address:	3 Times Square
Internal Address:	12th Floor
City:	New York
State/Country:	NEW YORK
Postal Code:	10036
PROPERTY NUMBERS Total: 4	
Property Type	Number
Application Number:	12987508
Application Number:	12564863
Application Number:	12465051
Application Number:	12641270
CORRESPONDENCE DATA	
Fax Number:	(202)842-7899
<i>Correspondence will be sent via US Mail when the fax attempt is unsuccessful.</i>	
Phone:	(202) 842-7800
Email:	mharris@cooley.com
Correspondent Name:	Cooley LLP
Address Line 1:	777 6th Street, N.W.
Address Line 2:	Suite 1100
Address Line 4:	Washington, DISTRICT OF COLUMBIA 20001
ATTORNEY DOCKET NUMBER:	OPHT-004/03 /06 /04 /05US
NAME OF SUBMITTER:	Matthew E. Langer
Total Attachments: 2 source=Name-Change-Assignment#page1.tif source=Name-Change-Assignment#page2.tif	

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PATENT
REEL: 026779 FRAME: 0602

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)

Eyeteck Pharmaceuticals, Inc.
3 Times Square, 12th Floor
New York, New York 10036

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

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

Execution Date(s) November 14, 2005

- ☐ 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: (OSI) Eyeteck, Inc.

Internal Address: _____

Street Address: 3 Times Square, 12th Floor

City: New York

State: New York

Country: USA

Zip: 10036

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)

60/447,971
10/781,350
60/493,500
10/913,259
60/332,304

B. Patent No.(s)

Additional numbers attached? ☒ Yes ☐ No

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

Name: Michael Rafa

Internal Address: _____

Street Address: 3 Times Square, 12th Floor

City: New York

State: New York

Zip: 10036

Phone Number: 212-824-3100

Fax Number: 212-824-3237

Email Address: _____

6. Total number of applications and patents involved: 31

7. Total fee (37 CFR 1.21(h) & 3.41) \$ 1240.00

- ☐ 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

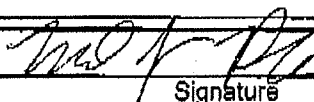
a. Credit Card Last 4 Numbers _____

Expiration Date _____

b. Deposit Account Number 50-3008

Authorized User Name Michael Rafa

9. Signature:


Signature

12/16/05
Date

MICHAEL J. RAFA
Name of Person Signing

Total number of pages including cover sheet, attachments, and documents: 13

Documents to be recorded (including cover sheet) should be faxed to (571) 273-0140 or mailed to:
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Continuation of 4.

10/291,091
10/786,491
10/928,533
60/498,746
60/498,407
10/926,806
60/556,837
60/561,601
11/105,279
11/104,812
60/658,819
60/590,601
11/184,240
60/590,507
11/186,660
60/627,981
11/272,305
60/628,085
11/274,800
60/628,084
11/271,624
60/703,133
60/676,355
60/675,308
60/692,727
60/717,865