

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
Axcan Pharma Inc.	09/08/2011
RECEIVING PARTY DATA	
Name:	Axcan Pharma Canada Inc.
Street Address:	597 Laurier Boulevard
City:	Mont-Saint-Hilaire
State/Country:	CANADA
Postal Code:	J3H 6C4
PROPERTY NUMBERS Total: 3	
Property Type	Number
Application Number:	12639645
Application Number:	12476185
Patent Number:	7541384
CORRESPONDENCE DATA	
Fax Number:	(917)332-3773
Phone:	212-885-5000
Email:	jyeddo@blankrome.com
<i>Correspondence will be sent to the e-mail address first; if that is unsuccessful, it will be sent via US Mail.</i>	
Correspondent Name:	Blank Rome LLP
Address Line 1:	The Chrysler Building
Address Line 2:	405 Lexington Avenue
Address Line 4:	New York, NEW YORK 10174
ATTORNEY DOCKET NUMBER:	134394.00100
NAME OF SUBMITTER:	Judy Yeddo
Total Attachments: 3 source=CertificateofAmendment#page1.tif source=CertificateofAmendment#page2.tif source=RecordationCoverSheet#page1.tif	

CH \$120.00 12639645



Certificate of Amendment

Canada Business Corporations Act

Certificat de modification

Loi canadienne sur les sociétés par actions

Aptalis Pharma Canada Inc.

Corporate name / Dénomination sociale

446617-9

Corporation number / Numéro de société

I HEREBY CERTIFY that the articles of the above-named corporation are amended under section 178 of the *Canada Business Corporations Act* as set out in the attached articles of amendment.

JE CERTIFIE que les statuts de la société susmentionnée sont modifiés aux termes de l'article 178 de la *Loi canadienne sur les sociétés par actions*, tel qu'il est indiqué dans les clauses modificatrices ci-jointes.

Marcie Girouard

Director / Directeur

2011-09-08

Date of Amendment (YYYY-MM-DD)

Date de modification (AAAA-MM-JJ)



Form 4
Articles of Amendment
Canada Business Corporations Act
(CBCA) (s. 27 or 177)

Formulaire 4
Clauses modificatrices
Loi canadienne sur les sociétés par
actions (LCSA) (art. 27 ou 177)

1 Corporate name
Dénomination sociale
AXCAN PHARMA INC.

2 Corporation number
Numéro de la société
446617-9

3 The articles are amended as follows
Les statuts sont modifiés de la façon suivante

The corporation changes its name to:
La dénomination sociale est modifiée pour :
Aptalis Pharma Canada Inc.

4 Declaration: I certify that I am a director or an officer of the corporation.
Déclaration : J'atteste que je suis un administrateur ou un dirigeant de la société.

Original signed by / Original signé par
Steve Gannon
Steve Gannon
450-467-2600

Note: Misrepresentation constitutes an offence and, on summary conviction, a person is liable to a fine not exceeding \$5000 or to imprisonment for a term not exceeding six months or both (subsection 250(1) of the CBCA).
Nota : Faire une fausse déclaration constitue une infraction et son auteur, sur déclaration de culpabilité par procédure sommaire, est passible d'une amende maximale de 5 000 \$ ou d'un emprisonnement maximal de six mois, ou de ces deux peines (paragraphe 250(1) de la LCSA).



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): Axcan Pharma Inc. Additional name(s) of conveying party(ies) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	2. Name and address of receiving party(ies) Name: <u>Axcan Pharma Canada Inc.</u> Internal Address: _____ Street Address: _____ 597 Laurier Boulevard City: <u>Mont-Saint-Hilaire</u> State: <u>Quebec</u> Country: <u>Canada</u> Zip: _____ Additional name(s) & address(es) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3. Nature of conveyance/Execution Date(s): Execution Date(s): <u>in parentheses after inventor name</u> <input type="checkbox"/> Assignment <input type="checkbox"/> Merger <input checked="" type="checkbox"/> Change of Name <input type="checkbox"/> Security Agreement <input type="checkbox"/> Joint Research Agreement <input type="checkbox"/> Government Interest Assignment <input type="checkbox"/> Executive Order 9424, Confirmatory License <input type="checkbox"/> Other _____	4. Application or patent number(s): <input type="checkbox"/> This document is being filed together with a new application. A. Patent Application No.(s) 12/639,645 12/476,185 B. Patent No.(s) 7,541,384 Additional numbers attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5. Name and address to whom correspondence concerning document should be mailed: Name: <u>Jay P. Lessler</u> <u>BLANK ROME LLP</u> Internal Address: <u>Atty. Dkt.: 134394.00106</u> Street Address: <u>The Chrysler Building</u> <u>405 Lexington Ave.</u> City: <u>New York</u> State: <u>NY</u> Zip: <u>10174-0208</u> Phone Number: <u>(212) 885-5000</u> Fax Number: <u>(212) 885-5001</u> Email Address: <u>patents@blankrome.com</u>	6. Total number of applications and patents involved: <input type="text" value="3"/> 7. Total fee (37 CFR 1.21(h) & 3.41) \$ <u>120.00</u> <input checked="" type="checkbox"/> Authorized to be charged to deposit account <input type="checkbox"/> Enclosed <input type="checkbox"/> None required (government interest not affecting title)
9. Signature: <u>/Jay P. Lessler/</u> Signature <u>Jay P. Lessler - 41,151</u> Name of Person Signing	8. Payment Information Deposit Account Number <u>02-2555</u> Authorized User Name <u>Jay P. Lessler</u> Total number of pages including cover sheet, attachments, and documents: <input type="text" value="3"/>