

## 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
Ulrich Johannes Schraudolph	01/06/2011
RECEIVING PARTY DATA	
Name:	XENTIQ PTE LTD
Street Address:	21 Bukit Batok Crescent, WCEGA Tower #02-79
City:	Singapore
State/Country:	SINGAPORE
Postal Code:	658065
PROPERTY NUMBERS Total: 1	
Property Type	Number
Application Number:	13384690
CORRESPONDENCE DATA	
Fax Number:	4082868932
<i>Correspondence will be sent via US Mail when the fax attempt is unsuccessful.</i>	
Phone:	4082868933
Email:	pt_docket@iplg.com
Correspondent Name:	Kathy Mou
Address Line 1:	12 South First Street, 12th Floor
Address Line 4:	San Jose, CALIFORNIA 95113
ATTORNEY DOCKET NUMBER:	VJP.XENTIQ.PT1
NAME OF SUBMITTER:	Kathy Mou
Total Attachments: 3 source=Change of Legal Address#page1.tif source=Change of Legal Address#page2.tif source=Change of Legal Address#page3.tif	

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LOCAL COMPANY TRANSACTIONS

HOME

LOGOUT

**Change of Situation of Registered Office and of Office Hours**

Please fill in the following information. Fields marked \* must be completed.

**Record saved successfully.****Company Information**

Registration No. : **200815509W**  
Company Name : **XENTIQ (PTE.) LTD.**

**Current Registered Office Address**Effective Date : **07/08/2008**

Address :

Postal Code : **118223**Block / House No. : **3**Street Name : **SCIENCE PARK DRIVE**Unit : # **03 - 01**Building/Estate Name : **FRANKLIN, THE****Current Office Hours**Effective Date : **07/08/2008**

- ☒ Minimum requirements prescribed by section 143(1) of the Companies Act  
☐ Other Working Days and Hours

**Change Registered Office Address / Office Hours**Effective Date : \*  (dd/mm/yyyy)**Change Registered Office Address**For HDB residential address, please ensure you have obtained HDB approval. [Click here to see more details.](#)☒ Please indicate this checkbox if you wish to change the registered office address.

Address : \*

Postal Code : Block / House No. : Street Name : **BUKIT BATOK CRESCENT**Unit : #  - Building/Estate Name : **WCEGA TOWER****Change Office Hours**

- ☒ Please indicate this checkbox if you wish to change the office hours.  
☒ Minimum requirements prescribed by section 143(1) of the Companies Act.  
☐ Other Working Days and Hours :


**Declaration by Professional Body/Service Bureau**

I, DAVID LIEW TUCK YIN, a prescribed person, declare the information which has been submitted herein to be true and to the best of my knowledge.

Save	Submit	Reset
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**LOGOUT**