

PATENT ASSIGNMENT COVER SHEET

Electronic Version v1.1
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EPAS ID: PAT2685036

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	CHANGE OF ADDRESS
CONVEYING PARTY DATA	
Name	Execution Date
VELOXIS PHARMACEUTICALS A/S	01/16/2014
RECEIVING PARTY DATA	
Name:	VELOXIS PHARMACEUTICALS A/S
Street Address:	BOGE ALLE 5, 2.TH
City:	HORSHOLM
State/Country:	DENMARK
Postal Code:	DK-2970
PROPERTY NUMBERS Total: 2	
Property Type	Number
Application Number:	13167420
Application Number:	12499034
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ATTORNEY DOCKET NUMBER:	134391.00100
NAME OF SUBMITTER:	JUDY YEDDO
Signature:	/Judy Yeddo/
Date:	01/16/2014
Total Attachments: 1 source=Recordation#page1.tif	

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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): Veloxis Pharmaceuticals A/S 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>Veloxis Pharmaceuticals A/S</u> Internal Address: _____ Street Address: _____ Boge Alle 5, 2.th City: <u>Horsholm</u> State: _____ Country: <u>Denmark</u> Zip: <u>DK-2970</u> 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): _____ <input type="checkbox"/> Assignment <input type="checkbox"/> Merger <input 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 checked="" type="checkbox"/> Other <u>Change of Address</u>			
4. Application or patent number(s): A. Patent Application No.(s) 13167420 12499034 Additional numbers attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> This document is being filed together with a new application. B. Patent No.(s) <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.: 134391.00100</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="2"/> 7. Total fee (37 CFR 1.21(h) & 3.41) \$ _____ <input 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 _____ Authorized User Name <u>Jay P. Lessler</u> Total number of pages including cover sheet, attachments, and documents: <input type="text" value="1"/>	