

## PATENT ASSIGNMENT COVER SHEET

Electronic Version v1.1  
Stylesheet Version v1.2

EPAS ID: PAT3152081

<b>SUBMISSION TYPE:</b>	NEW ASSIGNMENT
<b>NATURE OF CONVEYANCE:</b>	MERGER
<b>EFFECTIVE DATE:</b>	07/01/2014
<b>CONVEYING PARTY DATA</b>	
<b>Name</b>	<b>Execution Date</b>
PHILADELPHIA HEALTH & EDUCATION CORPORATION D/B/A DREXEL UNIVERSITY COLLEGE OF MEDICINE	06/04/2014
<b>RECEIVING PARTY DATA</b>	
<b>Name:</b>	DREXEL UNIVERSITY
<b>Street Address:</b>	3141 CHESTNUT STREET
<b>City:</b>	PHILADELPHIA
<b>State/Country:</b>	PENNSYLVANIA
<b>Postal Code:</b>	19104
<b>PROPERTY NUMBERS Total: 20</b>	
<b>Property Type</b>	<b>Number</b>
Application Number:	12065697
Application Number:	12105979
Application Number:	61286531
Application Number:	12571145
Application Number:	12679562
Application Number:	12990725
Application Number:	61390861
Application Number:	13087029
Application Number:	12937590
Application Number:	12967878
Application Number:	13129925
Application Number:	61467924
Application Number:	61544119
Application Number:	61712882
Application Number:	13784200
Application Number:	14007203
Application Number:	14051895
Application Number:	61906894
Application Number:	13647991
<b>PATENT</b>	

<b>Property Type</b>	<b>Number</b>
<b>Application Number:</b>	14306809

  

**CORRESPONDENCE DATA**

**Fax Number:** (215)568-3439

*Correspondence will be sent to the e-mail address first; if that is unsuccessful, it will be sent using a fax number, if provided; if that is unsuccessful, it will be sent via US Mail.*

**Phone:** 2155683100

**Email:** assignments@woodcock.com

**Correspondent Name:** BAKER & HOSTETLER LLP

**Address Line 1:** 2929 ARCH STREET

**Address Line 2:** 12TH FLOOR, CIRA CENTRE

**Address Line 4:** PHILADELPHIA, PENNSYLVANIA 19104

<b>ATTORNEY DOCKET NUMBER:</b>	104889.000001 ET AL.
<b>NAME OF SUBMITTER:</b>	FAITH A. POORE
<b>SIGNATURE:</b>	/Faith A. Poore/
<b>DATE SIGNED:</b>	12/17/2014

**Total Attachments: 5**

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PENNSYLVANIA DEPARTMENT OF STATE  
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS

Articles/Certificate of Merger

(15 Pa.C.S.)

- ☐ Domestic Business Corporation (§ 1926)  
☒ Domestic Nonprofit Corporation (§ 5926)  
☐ Limited Partnership (§ 8547)

Name		
Christina M. Carry, Legal Assistant Saul Bwing LLP		
Address		
1200 Liberty Ridge Drive, Suite 200		
City	State	Zip Code
Wayne, PA		19087

Document will be returned to the name and address you enter to the left.

Fee: \$150 plus \$40 additional for each  
Party in additional to two

In compliance with the requirements of the applicable provisions (relating to articles of merger or consolidation), the undersigned, desiring to effect a merger, hereby state that:

1. The name of the corporation/limited partnership surviving the merger is; Drexel University				
2. Check and complete one of the following:				
<input checked="" type="checkbox"/> The surviving corporation/limited partnership is a domestic business/nonprofit corporation/limited partnership and the (a) address of its current registered office in this Commonwealth or (b) name of its commercial registered office provider and the county of venue is (the Department is hereby authorized to correct the following information to conform to the records of the Department):				
(a) Number and Street	City	State	Zip	County
3141 Chestnut Street	Philadelphia	PA	19104	Philadelphia
(b) Name of Commercial Registered Office Provider			County	
c/o				
The surviving corporation/limited partnership is a qualified foreign business/nonprofit corporation/limited partnership incorporated/formed under the laws of _____ and the (a) address of its current registered office in this Commonwealth or (b) name of its commercial registered office provider and the county of venue is (the Department is hereby authorized to correct the following information to conform to the records of the Department):				
(a) Number and Street	City	State	Zip	County
(b) Name of Commercial Registered Office Provider			County	
c/o				
The surviving corporation/limited partnership is a nonqualified foreign business/nonprofit corporation/limited partnership incorporated/formed under the laws of _____ and the address of its principal office under the laws of such domiciliary jurisdiction is:				
Number and Street	City	State	Zip	

PA DEPT OF STATE

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3. The name and the address of the registered office in this Commonwealth or name of its commercial registered office provider and the county of venue of each other domestic business/nonprofit corporation/limited partnership and qualified foreign business/nonprofit corporation/limited partnership which is a party to the plan of merger are as follows:

Name	Registered Office Address	Commercial Registered Office Provider	County
Philadelphia Health & Education Corporation, a Pennsylvania nonprofit corporation			

1601 Cherry Street, Philadelphia, PA 19102

4. Check, and if appropriate complete, one of the following:

The plan of merger shall be effective upon filing these Articles/Certificate of Merger in the Department of State.

X The plan of merger shall be effective on: 7/1/2014 at 12:01 a.m.  
Date Hour

5. The manner in which the plan of merger was adopted by each domestic corporation/limited partnership is as follows:

Name	Manner of Adoption
Drexel University	Adopted by the Members and Trustees pursuant to 15 Pa. C.S. 5924(a)

Philadelphia Health & Education Corporation      Adopted by the Trustees pursuant to 15 Pa. C.S. 5924(b)

6. ~~Strike out this paragraph if no foreign corporation/limited partnership is a party to the merger.~~  
The plan was authorized, adopted or approved, as the case may be, by the foreign business/nonprofit corporation/limited partnership (or each of the foreign business/nonprofit corporations/limited partnerships) party to the plan in accordance with the laws of the jurisdiction in which it is incorporated/organized.

7. Check, and if appropriate complete, one of the following:

X The plan of merger is set forth in full in Exhibit A attached hereto and made a part hereof.

Pursuant to 15 Pa.C.S. § 1901/§ 8547(b) (relating to omission of certain provisions from filed plans) the provisions, if any, of the plan of merger that amend or constitute the operative provisions of the Articles of Incorporation/Certificate of Limited Partnership of the surviving corporation/limited partnership as in effect subsequent to the effective date of the plan are set forth in full in Exhibit A attached hereto and made a party hereof. The full text of the plan of merger is on file at the principal place of business of the surviving corporation/limited partnership, the address of which is:

Number and street	City	State	Zip	County
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IN TESTIMONY WHEREOF, the undersigned  
corporation/~~limited partnership~~ has caused these  
Articles/Certificate of Merger to be signed by a duly  
authorized officer thereof this

4<sup>th</sup> day of June,

2014.

DREXEL UNIVERSITY

Name of Corporation/~~Limited Partnership~~

[Signature]

Signature

President

Title

PHILADELPHIA HEALTH & EDUCATION  
CORPORATION

Name of Corporation/~~Limited Partnership~~

[Signature]

Signature

Dean + Senior VP

Title

PENNSYLVANIA DEPARTMENT OF STATE  
CORPORATION BUREAU

Articles of Amendment-Domestic Corporation  
(15 Pa.C.S.)

Entity Number  
98941

☐ Business Corporation (§ 1915)  
☒ Nonprofit Corporation (§ 5915)

Name  
Christina M. Carry, Legal Assistant Saul Ewing LLP

Address  
1200 Liberty Ridge Drive, Suite 200

City State Zip Code  
Wayne, PA 19087

Document will be returned to the  
name and address you enter to  
the left.  
←

Fee: \$70

Filed in the Department of State on \_\_\_\_\_

\_\_\_\_\_  
Secretary of the Commonwealth

In compliance with the requirements of the applicable provisions (relating to articles of amendment), the undersigned,  
desiring to amend its articles, hereby states that:

1. The name of the corporation is:  
Drexel University

2. The (a) address of this corporation's current registered office in this Commonwealth or (b) name of its  
commercial registered office provider and the county of venue is (the Department is hereby authorized to  
correct the following information to conform to the records of the Department):

(a) Number and Street	City	State	Zip	County
3141 Chestnut Street	Philadelphia	PA	19104	Philadelphia

(b) Name of Commercial Registered Office Provider  
c/o \_\_\_\_\_ County \_\_\_\_\_

3. The statute by or under which it was incorporated: Nonprofit Corporation Law of 1988

4. The date of its incorporation: April 7, 1894

5. Check, and if appropriate complete, one of the following:

☐ The amendment shall be effective upon filing these Articles of Amendment in the Department of State.

☒ The amendment shall be effective on: 7/1/2014 at 12:01 a.m.  
Date Hour

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PA DEPT OF STATE

6. Check one of the following:

☒ The amendment was adopted by the shareholders or members pursuant to 15 Pa.C.S. § 1914(a) and/or (b) or §5914(a).

☐ The amendment was adopted by the board of directors pursuant to 15 Pa. C.S. § 1914(c)

7. Check, and if appropriate, complete one of the following:

☐ The amendment adopted by the corporation, set forth in full, is as follows

☐ The amendment adopted by the corporation is set forth in full in Exhibit A attached hereto and made a part hereof.

8. Check if the amendment restates the Articles:

☒ The restated Articles of Incorporation attached as Exhibit A supersede the original articles and all amendments thereto.

IN TESTIMONY WHEREOF, the undersigned corporation has caused these Articles of Amendment to be signed by a duly authorized officer thereof this

4<sup>th</sup> day of June, 2014.

DREXEL UNIVERSITY

By:

Title:

J. A. Fry  
President