

PATENT ASSIGNMENT COVER SHEET

Electronic Version v1.1
 Stylesheet Version v1.2

EPAS ID: PAT3428894

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	CHANGE OF ADDRESS FOR ASSIGNEE
CONVEYING PARTY DATA	
Name	Execution Date
IMMERSION MEDICAL, INC.	01/13/2010
RECEIVING PARTY DATA	
Name:	IMMERSION MEDICAL, INC.
Street Address:	715 ST. PAUL STREET
City:	BALTIMORE
State/Country:	MARYLAND
Postal Code:	21202
PROPERTY NUMBERS Total: 1	
Property Type	Number
Application Number:	12473993
CORRESPONDENCE DATA	
Fax Number:	(336)607-7500
<i>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.</i>	
Phone:	3366077300
Email:	rprevette@kilpatricktownsend.com
Correspondent Name:	CARL E. SANDERS, KILPATRICK
Address Line 1:	1001 WEST FOURTH STREET
Address Line 4:	WINSTON-SALEM, NORTH CAROLINA 27101-2400
ATTORNEY DOCKET NUMBER:	51851-365650
NAME OF SUBMITTER:	RENEE S. PREVETTE
SIGNATURE:	/Renee S. Prevette/
DATE SIGNED:	07/08/2015
Total Attachments: 2	
source=Resolution2010#page1.tif	
source=Resolution2010#page2.tif	

CORPORATE CHARTER APPROVAL SHEET

****EXPEDITED SERVICE****

**** KEEP WITH DOCUMENT ****

DOCUMENT CODE 80 BUSINESS CODE _____

D04148763


Close _____ Stock _____ Nonstock _____

P.A. _____ Religious _____

Merging (Transferor) _____

Surviving (Transferee) _____

ACKNOWLEDGMENT



1000361999207396

ID # D04148763 ACK # 1000361999207396
PAGES: 0002
IMMERSION MEDICAL, INC.

01/13/2010 AT 05:45 P NO # 0001817347

New Name _____

FEES REMITTED

Base Fee: 25
Org. & Cap. Fee: _____
Expedite Fee: 50
Penalty: _____
State Recordation Tax: _____
State Transfer Tax: _____
Certified Copies: _____
Copy Fee: _____
Certificates: _____
Certificate of Status Fee: _____
Personal Property Filings: _____
Mail Processing Fee: _____
Other: _____

TOTAL FEES: 75

Credit Card _____ Check X Cash _____
Documents on 2 Checks

Approved By: [Signature]

Keyed By: _____

COMMENT(S): _____

Change of Name
☒ Change of Principal Office
☒ Change of Resident Agent
☒ Change of Resident Agent Address
Resignation of Resident Agent
Designation of Resident Agent
and Resident Agent's Address
Change of Business Code
Adoption of Assumed Name
Other Change(s)

Code _____

Attention: _____

Mail: Name and Address

AMIE PETERS
801N FOX LANE
SAN JOSE CA 95131

Stamp Work Order and Customer Number HERE

CUST ID: 0002374309
WORK ORDER: 0001817347
DATE: 01-13-2010 05:45 PM
AMT. PAID: \$75.00

RESOLUTION TO CHANGE PRINCIPAL OFFICE OR RESIDENT AGENT

The directors/stockholders/general partner/authorized person of Immersion Medical, Inc.

(Name of Entity)

organized under the laws of Maryland, passed the following resolution:
(State)

[CHECK APPLICABLE BOX(ES)]

☒ The principal office is changed from: (old address)

55 West Watkins Mill Road, Gaithersburg, Maryland 20878

to: (new address)

715 St. Paul Street, Baltimore, Maryland 21202 (address of our resident agent)


☒ The name and address of the resident agent is changed from:

Richard Vogel; 55 West Watkins Mill Road, Gaithersburg, Maryland 20878

to:

Incorporating Services of Maryland, Ltd.; 715 St. Paul Street, Baltimore, Maryland 21202

I certify under penalties of perjury the foregoing is true


Secretary or Assistant Secretary
General Partner
Authorized Person

I hereby consent to my designation in this document as resident agent for this entity.

Incorporating Services of Maryland, Ltd.

SIGNED



Resident Agent

Assistant
Secretary

CUST ID: 0002374309

WORK ORDER: 0001817347

DATE: 01-13-2010 05:45 PM

AMT. PAID: \$75.00

PATENT

RECORDED: 07/08/2015

REEL: 036075 FRAME: 0912