

PATENT ASSIGNMENT COVER SHEET

Electronic Version v1.1
 Stylesheet Version v1.2

EPAS ID: PAT5642817

SUBMISSION TYPE:	NEW ASSIGNMENT
NATURE OF CONVEYANCE:	ASSIGNMENT
CONVEYING PARTY DATA	
Name	Execution Date
JOHNSON & JOHNSON CONSUMER INC.	07/24/2019
RECEIVING PARTY DATA	
Name:	JOHNSON & JOHNSON VISION CARE, INC.
Street Address:	7500 CENTURION PARKWAY
City:	JACKSONVILLE
State/Country:	FLORIDA
Postal Code:	32256
PROPERTY NUMBERS Total: 1	
Property Type	Number
Application Number:	16519145
CORRESPONDENCE DATA	
Fax Number:	(732)524-2808
<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:	7325246621
Email:	jnjuspatent@corus.jnj.com
Correspondent Name:	JOSEPH F. SHIRTZ
Address Line 1:	JOHNSON & JOHNSON
Address Line 2:	1 J&J PLAZA
Address Line 4:	NEW BRUNSWICK, NEW JERSEY 08933
ATTORNEY DOCKET NUMBER:	VTN6001USNP1
NAME OF SUBMITTER:	LISA PETERS
SIGNATURE:	/Lisa Peters/
DATE SIGNED:	07/30/2019
Total Attachments: 4	
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source=CompanytoCo_signedassignment_7_24_2019_VTN6001USNP1#page4.tif	

General Assignment

WHEREAS, **Johnson & Johnson Consumer Inc.**, having its place of business at 199 Grandview Road, Skillman, NJ 08558 (hereinafter referred to as "Assignor"), is the owner of certain new and useful inventions relating to

COMPOSITIONS AND METHODS FOR TREATING THE EYE

for which on July 23, 2019, U.S. Patent Application no. 16/519,145 was filed at the United States Patent and Trademark Office.

WHEREAS, **Johnson & Johnson Vision Care, Inc.**, having its place of business at 7500 Centurion Parkway, Jacksonville, FL 32256 (hereinafter referred to as "Assignee") is desirous of acquiring Assignors' entire right, title and interest therein, including the right to claim priority thereof,

NOW, THEREFORE, BE IT KNOWN, that in view of good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the Assignor hereby assigns and transfers, for all countries in the world, to said Assignee its entire right, title and interest, including the right to claim priority, in and to all said inventions disclosed in said applications and in and to said applications, and all foreign equivalents thereof, including all substitutions, divisions, and continuations thereof, and in and to all Letters Patent, that may be granted for said inventions, and in and to all extensions, renewals, and reissues thereof, the same to be held and enjoyed by said Assignee, its successors and assigns, as fully and entirely as the same would have been held and enjoyed by Assignor if this Assignment had not been made.

And for purpose of obtaining patent protection in any foreign country, the Assignor hereby agrees that, any right, title and interest, in and to all said inventions disclosed in said applications and in and to said applications, and all foreign equivalents thereof can be directly assigned by the inventors to the Assignee without explicit confirmation of the Assignor.

The Assignor agrees that this general assignment is effective from July 23, 2019.

IN TESTIMONY WHEREOF, the Assignor set hereunto its hand and seal this date.

FOR JOHNSON & JOHNSON CONSUMER INC.

Laura A. Donnelly
Signature

Laura A. Donnelly
Name

Assistant Secretary
Title of Authorized Signatory

7/24/19
Date

ACKNOWLEDGMENT

STATE OF New Jersey
COUNTY OF Somerset SS:

Acknowledged before me, a Notary Public, within and for said County and State. Witness my hand and Notarial Seal this 24th day of July, 2019

Sarina Urban
Signature

Name of Notary Public

SARINA URBAN
NOTARY PUBLIC OF NEW JERSEY
My Commission Expires 3/10/2023

My Commission Expires: _____

IN TESTIMONY WHEREOF, the Assignee set hereunto its hand and seal this date.

FOR JOHNSON & JOHNSON VISION CARE, INC.



Signature

Darryl Little

Name
Asst. Sec.

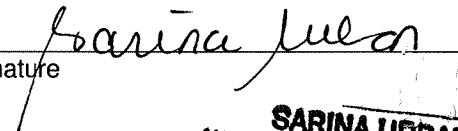
Title of Authorized Signatory
7/24/2019

Date

ACKNOWLEDGMENT

STATE OF New Jersey
COUNTY OF Somerset } SS:

Acknowledged before me, a Notary Public, within and for said County and State. Witness my hand and Notarial Seal this 24th day of July, 2019.



Signature

SARINA URBAN
NOTARY PUBLIC OF NEW JERSEY
My Commission Expires 3/10/2023

Name of Notary Public

My Commission Expires: _____

