

Form PTO-1594 (Rev. 06/04)  
OMB Collection 0651-0027 (exp. 6/30/2005)

U.S. DEPARTMENT OF COMMERCE  
United States Patent and Trademark Office

**RECORDATION FORM COVER SHEET  
TRADEMARKS ONLY**

To the Director of the U. S. Patent and Trademark Office: Please record the attached documents or the new address(es) below.

<p><b>1. Name of conveying party(ies)/Execution Date(s):</b> <u>THERMAL DYNAMICS CORPORATION</u></p> <p><input type="checkbox"/> Individual(s)                      <input type="checkbox"/> Association  <input type="checkbox"/> General Partnership              <input type="checkbox"/> Limited Partnership  <input checked="" type="checkbox"/> Corporation-State  <input type="checkbox"/> Other _____</p> <p>Citizenship (see guidelines) _____</p> <p>Execution Date(s) <u>AUGUST 13, 2004</u></p> <p>Additional names of conveying parties attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><b>2. Name and address of receiving party(ies)</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                  Additional names, addresses, or citizenship attached?</p> <p>Name: <u>EMD BIOSCIENCES, INC.</u>                  Internal Address: _____                  Street Address: <u>10399 PACIFIC CENTER CT</u>                  City: <u>SAN DIEGO</u>                  State: <u>CA</u>                  Country: <u>USA</u> Zip: <u>92121</u></p> <p><input type="checkbox"/> Association Citizenship _____  <input type="checkbox"/> General Partnership Citizenship _____  <input type="checkbox"/> Limited Partnership Citizenship _____  <input checked="" type="checkbox"/> Corporation Citizenship <u>US</u>  <input type="checkbox"/> Other _____ Citizenship _____</p> <p>If assignee is not domiciled in the United States, a domestic representative designation is attached: <input type="checkbox"/> Yes <input type="checkbox"/> No                  (Designations must be a separate document from assignment)</p>
<p><b>3. Nature of conveyance:</b></p> <p><input type="checkbox"/> Assignment                      <input type="checkbox"/> Merger  <input type="checkbox"/> Security Agreement              <input type="checkbox"/> Change of Name  <input checked="" type="checkbox"/> Other <u>REASSIGNMENT BY WAY OF AFFIDAVIT - see document for details</u></p>	
<p><b>4. Application number(s) or registration number(s) and identification or description of the Trademark.</b></p> <p>A. Trademark Application No.(s) _____                  B. Trademark Registration No.(s) <u>1,765,430</u></p> <p>Additional sheet(s) attached? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p><b>C. Identification or Description of Trademark(s) (and Filing Date if Application or Registration Number is unknown):</b> <u>PHAGEMAKER</u></p>	
<p><b>5. Name &amp; address of party to whom correspondence concerning document should be mailed:</b>                  Name: <u>MARIE AZZARIA</u>                  Internal Address: <u>EMD BIOSCIENCES, INC.</u>                  Street Address: <u>10399 PACIFIC CENTER COURT</u>                  City: <u>SAN DIEGO</u>                  State: <u>CA</u> Zip: <u>92121</u>                  Phone Number: <u>(805) 562-9175</u>                  Fax Number: <u>(805) 562-9485</u>                  Email Address: <u>Marie.Azzaria@emdbiosciences.com</u></p>	<p><b>6. Total number of applications and registrations involved:</b> <span style="border: 1px solid black; padding: 2px 10px;">/</span></p> <p><b>7. Total fee (37 CFR 2.6(b)(6) &amp; 3.41) \$ <u>40.00</u></b></p> <p><input checked="" type="checkbox"/> Authorized to be charged by credit card  <input type="checkbox"/> Authorized to be charged to deposit account  <input checked="" type="checkbox"/> Enclosed (see attached)</p>
<p><b>8. Payment Information:</b></p> <p>a. Credit Card Last 4 Numbers <u>2000</u>                  Expiration Date <u>10/05</u></p> <p>b. Deposit Account Number _____                  Authorized User Name _____</p>	
<p><b>9. Signature:</b> <u>Marie Azzaria</u> <span style="float: right;"><u>8/13/04</u></span>                  _____                  Signature Date  <u>MARIE AZZARIA</u>                  Name of Person Signing</p> <p style="text-align: right;">Total number of pages including cover sheet, attachments, and document: <span style="border: 1px solid black; padding: 2px 10px;">4</span></p>	

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Documents to be recorded (including cover sheet) should be faxed to (703) 306-5995, or mailed to: Mail Stop Assignment Recordation Services, Director of the USPTO, P.O. Box 1450, Alexandria, VA 22313-1450

**CORRECTION TO TRADEMARK OWNERSHIP**

REGISTRANT: EMD Biosciences, Inc. (formerly Novagen, Inc.)  
441 Charmany Drive  
Madison, WI 53719

MARK: PHAGEMAKER

REG. NO.: 1,765,430

DATED: April 20, 1993

CLASS: International Class 1; Prior U.S. Class 6

To The Honorable Assistant Commissioner for Trademarks:

**DECLARATION**

EMD Biosciences, Inc., a corporation organized and existing under the laws of the State of Delaware, located and doing business at 441 Charmany Drive, Madison, WI 53719 is the owner of the captioned registration, **PHAGEMAKER** which applicant is using the registered mark in commerce on, or in connection with, the goods/services described in the registration, namely "Systems Comprised of Packaging Extracts for Packaging Bacteriophage Lambda Vectors".

On July 25, 2003, the USPTO correctly assigned the registered mark to EMD Biosciences, Inc. However on August 22, 2003, the registered mark was recorded in error to Thermal Dynamics Corporation. EMD Biosciences is currently working with the Assignment Branch of the USPTO to correct this error.

VERIFICATION

The undersigned, being hereby warned that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. Section 1001, and that such willful false statements may jeopardize the validity of this document or the registration referred to herein, declares that he is authorized to execute this document on behalf of the registrant; that all statements made herein of his own knowledge are true and that all statements made on information and belief are believed to be true.

By: Marie Azzaria  
Marie Azzaria, Ph.D.  
Manager, Intellectual Property

Date: August 10, 2004

STATE OF CALIFORNIA           )  
  ) ss.  
COUNTY OF SANTA BARBARA    )

On Aug. 10 2004, before me, K.C. Olson, personally appeared MARIE AZZARIA, personally known to me or proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument, and acknowledged to me that he executed the same in his authorized capacity, and that by his signature on the instrument the person or the entity upon behalf of which the person acted, executed the instrument.

WITNESS my hand and official seal.

K.C. Olson  
Notary Public in and for said State

