

**Interim Designation of Agent to Receive Notification
of Claimed Infringement**

Full Legal Name of Service Provider: Drexel University College of Medicine

Alternative Name(s) of Service Provider (including all names under which the service provider is doing business): _____

Address of Service Provider: MS 627
245 N. 15th Street, Philadelphia, PA 19102

Name of Agent Designated to Receive
Notification of Claimed Infringement: Laure Bachich Ergin

Full Address of Designated Agent to which Notification Should be Sent (a P.O. Box or similar designation is not acceptable except where it is the only address that can be used in the geographic location):
Office of the General Counsel, 3201 Arch Street, Suite 310, Philadelphia PA 19104

Telephone Number of Designated Agent: 215-895-2427

Facsimile Number of Designated Agent: 215-895-1433

Email Address of Designated Agent: dmca-med@drexel.edu

Signature of Representative of the Designating Service Provider: _____
Date: 4/9/04

Typed or Printed Name and Title: Michael Exler, Deputy General Counsel

**Note: This Interim Designation Must be Accompanied by a \$30 Filing Fee
Made Payable to the Register of Copyrights.**

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