

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

**Full Legal Name of Service Provider:** Eliyon Technologies Corporation

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

**Address of Service Provider:** 810 Memorial Drive, 3rd Floor  
Cambridge, MA 02139

**Name of Agent Designated to Receive Notification of Claimed Infringement:** Jonathan Stern

**Full Address of Designated Agent to which Notification Should be Sent (a P.O. Box location):**  
810 Memorial Drive, 3rd Floor  
Cambridge, MA 02139

**Telephone Number of Designated Agent:** (617) 492-4200

**Facsimile Number of Designated Agent:** (617) 492-6659

**Email Address of Designated Agent:** stern@corex.com

**Signature of Officer or Representative of the Designating Service Provider:**

**Date:** 5.25.2001

**Typed or Printed Name and Title:** Jonathan Stern, President

**Note: This Interim Designation Must be Accompanied by a \$20 Filing Fee Made Payable to the Register of Copyrights.**

**RECEIVED**

**JUN 04 2001**

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