

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

Full Legal Name of Service Provider: Harrington Benefit Services, Inc.

Alternative Name(s) of Service Provider (including all names under which the service provider is doing business): None

Address of Service Provider: 675 Brooksedge Boulevard, Westerville, OH 43081

**Name of Agent Designated to Receive
Notification of Claimed Infringement:** Jeffrey D. Mills

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):
675 Brooksedge Boulevard, Westerville, OH 43081

Telephone Number of Designated Agent: 614-212-7208

Facsimile Number of Designated Agent: 614-212-7080

Email Address of Designated Agent: jmills@harringtonbenefits.com

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

Date: 7-26-01

Typed or Printed Name and Title: Jeffrey D. Mills, Executive Vice President

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

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