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

**Full Legal Name of Service Provider:** The McLean Child Care Center, Inc.

*An integrated  
health care system  
founded by*

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

*Brigham and  
Women's Hospital*

**Address of Service Provider:** 115 Mill Street, Belmont, MA 02478

*and  
Massachusetts  
General Hospital*

**Name of Agent Designated to Receive Notification of Claimed Infringement:**  
Robert Pappagianopoulos, Corporate Director, Technical Services and Operations

**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):**

Partners Healthcare System, Inc., One Constitution Center, Information Systems,  
2<sup>nd</sup> floor, Charlestown, MA 02129

**Telephone Number of Designated Agent:** (617) 726-5450

**Facsimile Number of Designated Agent:** (617) 726-5606

**Email Address of Designated Agent:** dmca-agent@Partners.org

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

\_\_\_\_\_ Date: 12/5/03

**Typed or Printed Name and Title:**

John P. Glaser, V.P/ Chief Information Officer, Partners Healthcare System, Inc.

**Note: This Interim Designation Must be accompanied by a \$30.00 Filing Fee Made Payable to the Register of Copyrights.**

Information Systems