

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

Full Legal Name of Service Provider: Midway Games West Inc.

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

Address of Service Provider: _____

Name of Agent Designated to Receive Notification of Claimed Infringement: Michael J. Burke

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):

2704 W. Roscoe Street, Chicago, IL 60618

Telephone Number of Designated Agent: (773) 961-2884

Facsimile Number of Designated Agent: (773) 961-2299

Email Address of Designated Agent: mburke@midwaygames.com

Signature of Officer or Representative of the Designating Service Provider:

Date: 3/27/06

Typed or Printed Name and Title: Michael J. Burke, Associate General Counsel

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

CH01/ 12467878.1



SCANNED 06-16-2006