

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

**Full Legal Name of Service Provider:** University of Massachusetts Medical School

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

**Address of Service Provider:** Information Technology, 2nd Floor, 333 South Street, Shrewsbury, MA 01545

**Name of Agent Designated to Receive Notification of Claimed Infringement:** Brian Coleman

**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):

University of Massachusetts Medical School  
Information Technology, 2nd Floor, 333 South Street, Shrewsbury, MA 01545

**Telephone Number of Designated Agent:** 508-856-6157

**Facsimile Number of Designated Agent:** 508-856-6467

**Email Address of Designated Agent:** brian.coleman@umassmed.edu

Identify the Interim Designation to be Amended, by Service Provider Name and Filing Date, so that it may be Readily Located in the Directory Maintained by the Copyright Office: #154017194 Reed 7/12/06 Scanned 8/01/06

**Signature of the Designating Service Provider:**  **Date:** 5/8/2014  
**Typed or Printed Name and Title:** Brian Coleman, Information Security Officer

**Scanned**  
AUG 25 2014

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

\*Note: Current and adjusted fees are available on the Copyright website at [www.copyright.gov/docs/fees.html](http://www.copyright.gov/docs/fees.html)

Mail the form to:  
**Copyright I&R/Recordation**  
**P.O. Box 71537**  
**Washington, DC 20024**

**Received**  
JUL 23 2014  
**Copyright Office**

