

Interim Designation of Agent to Receive Notification
of Claimed Infringement

Full Legal Name of Service Provider: Qlusters Corporation _____

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

*Added by CO
per Y. Gila,
phone call,
12/29/05

Address of Service Provider: 1841 Page Mill Rd, Unit G-2, Palo Alto, CA 94304 _____

Name of Agent Designated to Receive
Notification of Claimed Infringement: _____ Yael Gila _____

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):
_____ 1841 Page Mill Rd. Unit G-2, Palo Alto, CA 94304 _____

Telephone Number of Designated Agent: _____ 650 812-3206 _____

RECEIVED

Facsimile Number of Designated Agent: _____ 650 812-3202 _____

DEC 19 2005

Email Address of Designated Agent: _____ yaeli@qlusters.com _____

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Signature of Officer or Representative of the Designating Service Provider: _____
Date: _____ 12/14/05 _____

Typed or Printed Name and Title: _____ Yael Gila, Chief Financial Officer _____

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SCANNED 1/03/06

