

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

Full Legal Name of Service Provider: ANNE ARUNDEL COUNTY PUBLIC LIBRARY

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

Address of Service Provider: 5 TRUMAN PARKWAY, ANNAPOLIS, MD 21401

Name of Agent Designated to Receive Notification of Claimed Infringement: BETTY J. MORGANSTERN

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): SAME

Telephone Number of Designated Agent: 410-222-7371

Facsimile Number of Designated Agent: 410-222-7188

Email Address of Designated Agent: bmorgans@MAIL.AACPL.NET

Representative of the Designating Service Provider:
Date: 11/29/02

Typed or Printed Name and Title: DAVID C. MARSHALL
CHIEF OF PUBLIC SERVICES AND BLDG. MANAGEMENT

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

132029360



RECEIVED

DEC 24 2002

COPYRIGHT OFFICE