

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

**Full Legal Name of Service Provider:** Center for Education Design and  
Communication - Youth Development Collaborative

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

**Address of Service Provider:** 1801 Robert Fulton Drive, Suite 550, Reston, VA  
20191

**Name of Agent Designated to Receive  
Notification of Claimed Infringement:** <sup>a</sup> Cheryl Collins

**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):  
Ms. Cheryl Collins, 1801 Robert Fulton Drive, Suite 550,  
Reston, VA 20191

**Telephone Number of Designated Agent:** 1-703-620-8971

**Facsimile Number of Designated Agent:** 1-703-620-4102

**Email Address of Designated Agent:** ccollins@morino.org

**Signature of Officer or Representative of the Designating Service Provider:**  
\_\_\_\_\_ Date: 5/4/99

**Typed or Printed Name and Title:** Cheryl Collins  
Chief Knowledge Officer

**Note: This Interim Designation Must be Accompanied by a \$20 Filing Fee  
Made Payable to the Register of Copyrights.**



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