

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

**Full Legal Name of Service Provider:** Cleveland State Community College

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

**Address of Service Provider:** 3535 Adkisson Drive, Cleveland, TN 37312

**Name of Agent Designated to Receive Notification of Claimed Infringement:** Chris Mowery, Director of Information Technology

**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):  
Cleveland State Community College, 3535 Adkisson Drive, Cleveland, TN 37312

**Telephone Number of Designated Agent:** 423-472-7141

**Facsimile Number of Designated Agent:** 423-478-6255

**Email Address of Designated Agent:** cmowery@clevelandstate.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: 102012041; Copyright Office Received February 18, 1999

 of the Designating Service Provider:  
Date: 3/5/13

**Typed or Printed Name and Title:** Dr. Carl M. Hite, President

**Scanned**

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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



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