

Interim Designation of Agent to Receive Notification of Claimed Infringement

Full Legal Name of Service Provider: The College of Saint Rose

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

Address of Service Provider: 432 Western Avenue, Albany, New York 12203

Name of Agent Designated to Receive

Notification of Claimed Infringement: John Ellis, Director of Academic Computing

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):

The College of Saint Rose 432 Western Avenue Albany New York 12203

Telephone Number of Designated Agent: 518-454-5166

Facsimile Number of Designated Agent: 518-454-2813

Email Address of Designated Agent: ellisj@mail.strose.edu

Signature _____ **Designating Service Provider:**

Date: 9 Oct 2001

Typed or Printed Name and Title: William J. Lowe, Vice President for Academic Affairs

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

RECEIVED

OCT 15 2001

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