

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

Full Legal Name of Service Provider: DEFIANCE COLLEGE

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

Address of Service Provider: 701 N. CHINTON ST.
DEFIANCE, OH 43512

Name of Agent Designated to Receive Notification of Claimed Infringement: TODD HARPEST

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):

701 N. CHINTON ST.
DEFIANCE, OH 43512

Telephone Number of Designated Agent: 419-783-2599

Facsimile Number of Designated Agent: 419-784-0426

Email Address of Designated Agent: tharpest@defiance.edu

Signature of Officer or Representative of the Designating Service Provider:

_____ Date: 4/27/05

Typed or Printed Name and Title: Lois McCullough, VP Finance & Mgmt.

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

SCANNED 5 / 18 / 05

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RECEIVED

MAY 09 2005

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