

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

**Full Legal Name of Service Provider:** Dickstein Shapiro Morin & Oshinsky LLP

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

**Address of Service Provider:** 2101 L Street, NW, Library, Washington, DC 20037

**Name of Agent Designated to Receive Notification of Claimed Infringement:** Joseph A. Meringolo, Manager of Library Services

**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): 2101 L Street, NW, Library, Washington, DC 20037

**Telephone Number of Designated Agent:** 202-775-4770

**Facsimile Number of Designated Agent:** 202-775-2593

**Email Address of Designated Agent:** meringoloj@dsmo.com

**Signature of Officer or Representative of the Designating Service Provider:** \_\_\_\_\_  
**Date:** 2/27/02

**Typed or Printed Name and Title:** Joseph A. Meringolo, Manager of Library Services

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

**RECEIVED**

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