

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

Full Legal Name of Service Provider: _____
Drug, Chemical & Associated Technologies Association, Inc. _____

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

Address of Service Provider: 1 Washington Blvd., Ste 7, Robbinsville, NJ 08691

Name of Agent Designated to Receive Notification of Claimed Infringement: Margaret Timony

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):
1 Washington Blvd., Ste. 7, Robbinsville, NJ 08691

Telephone Number of Designated Agent: 609-448-1000

Facsimile Number of Designated Agent: 609-448-1944

Email Address of Designated Agent: mtimony@dcata.org

_____ of the Designating Service Provider:
Date: 2/11/14

Typed or Printed Name and Title: MARGARET M. TIMONY, Executive Director, DCAT.

**Note: This 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**

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