

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

**Full Legal Name of Service Provider:** Hofstra University

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

**Address of Service Provider:** Hofstra University, Hempstead, NY 11549

**Name of Agent Designated to Receive  
Notification of Claimed Infringement:** Robert W. Juckiewicz

**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):  
Computer Center, Room 303 McEwen Hall/125 Hofstra University/Hempstead, NY 11549

**Telephone Number of Designated Agent:** 516-463-6900

**Facsimile Number of Designated Agent:** 516-463-5380

**Email Address of Designated Agent:** abuse@hofstra.edu

**Signature of Officer or Representative of the Designating Service Provider:**

**Date:** January 7, 2003

**Typed or Printed Name and Title:** Vice President for Information Technology

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

**RECEIVED**

JAN 27 2003

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