

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

**Full Legal Name of Service Provider:** ITX Corp.

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

N/A

**Address of Service Provider:** 1169 Pittsford-Victor Rd  
Pittsford, NY 14534

**Name of Agent Designated to Receive  
Notification of Claimed Infringement:** RALPH DANDREA, PRES.

**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): RALPH DANDREA  
1169 PITTSFORD-VICTOR RD  
PITTSFORD, NY 14534

**Telephone Number of Designated Agent:** 585-899-4800

**Facsimile Number of Designated Agent:** 646-349-2651

**Email Address of Designated Agent:** rdandrea@roc.itx.net

**Signature of Officer or Representative of the Designating Service Provider:** \_\_\_\_\_  
**Date:** 12-31-02

**Typed or Printed Name and Title:** RALPH DANDREA, PRES.

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

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