

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

Full Legal Name of Service Provider: Tax Research Systems, LLC

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

Address of Service Provider: 4004 University Blvd. S.
JACKSONVILLE FL, 32216

Name of Agent Designated to Receive Notification of Claimed Infringement: William C. Wright

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):

Graham, Campaign, P.C.
The BAR Building
36 West 44th Street, New York, NY 10036-8178

Telephone Number of Designated Agent: 212-354-5650

Facsimile Number of Designated Agent: 212-354-6354

Email Address of Designated Agent: w.wright@grahamcampaign.com

Signature of Officer or Representative of the Designating Service Provider: _____
Date: 7/15/02

Typed or Printed Name and Title: Michael J. KOREN, MD
Director

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

RECEIVED

AUG 19 2002

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