

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

Full Legal Name of Service Provider: LAWSON SOFTWARE AMERICAS, INC.

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

Address of Service Provider: 380 Saint Peter Street, St. Paul MN 55102

Name of Agent Designated to Receive Notification of Claimed Infringement: Michael R Cohen

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):
Lawson Software 380 Saint Peter Street
Saint Paul MN 55102

Telephone Number of Designated Agent: 651 767- 7000

Facsimile Number of Designated Agent: 651 767-4927

Email Address of Designated Agent: copyright.agent@lawson.com

Signature of Officer or Representative of the Designating Service Provider:
[Redacted Signature] **Date:** April 21, 2010

Typed or Printed Name and Title: Michael R Cohen Senior Corporate Council

**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**

Mail the form to:
Copyright RRP
P.O. Box 71537
Washington, DC 20024



Scanned
JUN 23 2010

Received
MAY 25 2010
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