

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

Full Legal Name of Service Provider: LexisNexis Risk Solutions FL Inc.

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

Address of Service Provider: 1000 Alderman Drive, Alpharetta, GA 30005

Name of Agent Designated to Receive Notification of Claimed Infringement: Shari A. Townsend

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):
9443 Springboro Pike, Miamisburg, OH 45342

Telephone Number of Designated Agent: 937-865-1214

Facsimile Number of Designated Agent: 937-865-1502

Email Address of Designated Agent: copyrightagent@reedelsevier.com

Signature of Designating Service Provider: _____
Date: 1-31-13

Typed or Printed Name and Title: Steven R. Wildfeuer, Vice President -- Intellectual Property

**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 I&R/Recordation
P.O. Box 71537
Washington, DC 20024**



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