

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

Full Legal Name of Service Provider: Macomb Community College

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

Address of Service Provider: 14500 E. Twelve Mile Rd., Warren, MI 48088-3896

Name of Agent Designated to Receive Notification of Claimed Infringement: Norman Schlafmann, Vice President
for Information, Research & Technology

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):
14500 E. Twelve Mile Rd., Warren, MI 48088-3896

Telephone Number of Designated Agent: (586) 445-7599

Facsimile Number of Designated Agent: (586) 445-7224

Email Address of Designated Agent: schlafmann@macomb.edu

Signed: _____ **the Designating Service Provider:**
Date: February 25, 2003

Typed or Printed Name and Title: James J. Van Eman, III., Associate General Counsel

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

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