

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

**Full Legal Name of Service Provider:** NASSAU COMMUNITY COLLEGE

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

**Address of Service Provider:** ONE EDUCATION DRIVE, GARDEN CITY, NY 11530-6793

**Name of Agent Designated to Receive Notification of Claimed Infringement:** ANNA MARIE MASCOLO

**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):**

NASSAU COMMUNITY COLLEGE, OFFICE OF LEGAL AFFAIRS

ONE EDUCATION DRIVE, GARDEN CITY, NY 11530-6793

**Telephone Number of Designated Agent:** (516) 572-7809

**Facsimile Number of Designated Agent:** (516) 572-7750

**Email Address of Designated Agent:** MASCOLO@SUBYNASSAU.EDU

**Signature of Officer or Representative of the Designating Service Provider:** \_\_\_\_\_

**Date:** 8/19/99

**Typed or Printed Name and Title:** ANNA MARIE MASCOLO, ESQ.  
ASSOCIATE VICE PRESIDENT FOR LEGAL AFFAIRS

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

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**RECEIVED**

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