

Amended Interim Designation of Agent to Receive Notification
of Claimed Infringement

Full Legal Name of Service Provider: QUINNIPIAC UNIVERSITY

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

Address of Service Provider: 275 Mt. CARMEL AVE, HAMDEN, CT 06518

Name of Agent Designated to Receive Notification of Claimed Infringement: BRIAN KELLY

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):

QUINNIPIAC UNIVERSITY, 275 Mt. CARMEL AVE, AB-L13
HAMDEN, CT 06518

Telephone Number of Designated Agent: 203 582-3625

Facsimile Number of Designated Agent: 203 582-3451

Email Address of Designated Agent: BRIAN.KELLY@QUINNIPIAC.EDU

Identify the Interim Designation to be Amended, by Service Provider Name and Filing Date, so that it may be Readily Located in the Directory Maintained by the Copyright Office: WWW.COPYRIGHT.GOV/ONLINESP/AGENTS/QUINIPCU.PDF

Signature of ~~Officer~~ Representative of the Designating Service Provider: _____ Date: 20 DEC 2006

Typed or Printed Name and Title: BRIAN KELLY, INFORMATION SECURITY OFFICER

SEARCHED 01 30-2002

Note: This Amended Interim Designation Must be Accompanied by a \$80 Filing Fee Made Payable to the Register of Copyrights.



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