

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

**Full Legal Name of Service Provider:** The Wistar Institute of Anatomy and Biology

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

**Address of Service Provider:** 3601 Spruce Street, Philadelphia, PA 19104

**Name of Agent Designated to Receive**

**Notification of Claimed Infringement:** Mr. Raymond Preis

**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):**

The Wistar Institute, 3601 Spruce Street, Philadelphia, PA 19104

**Telephone Number of Designated Agent:** 215/898-3787

**Facsimile Number of Designated Agent:** 215/898-0709

**Email Address of Designated Agent:** preis@wistar.upenn.edu

**Signature of Representative of the Designating Service Provider:**

**Date:** 12/4/01

**Type of Designated Name and Title:** Clayton A. Buck, Ph.D.

Professor, Acting Director and CEO

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

122814625



122814625

**RECEIVED**

DEC 10 2001

**COPYRIGHT OFFICE**