

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

Full Legal Name of Service Provider: Florida State University

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

Address of Service Provider: Tallahassee, Florida 32306

Name of Agent Designated to Receive Notification of Claimed Infringement: David P. Coury

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):

Inspector General, Suite 407 Westcott, Florida State University, Tallahassee, FL 32306-1390

Telephone Number of Designated Agent: (850) 644-6031

Facsimile Number of Designated Agent: (850) 644-2576

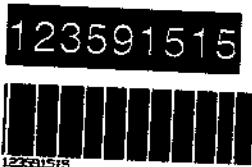
Email Address of Designated Agent: dpcoury@admin.fsu.edu

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: Michele E. Ceci

Signature of Officer or Representative of the Designating Service Provider: _____
Date: 11-30-01

Typed or Printed Name and Title: David P. Coury
Inspector General

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



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