

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

**Full Legal Name of Service Provider:** The Lawrenceville School

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

**Address of Service Provider:** PO Box 6008, Lawrenceville, NJ 08648

**Name of Agent Designated to Receive Notification of Claimed Infringement:** Mary Jean Suopis, Director of Library Services

**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 Lawrenceville School - Bunn Library, PO Box 6128, Lawrenceville NJ 08648

**Telephone Number of Designated Agent:** 609 895-2103

**Facsimile Number of Designated Agent:** 609 895-2159

**Email Address of Designated Agent:** msuopis@lawrenceville.org

**Signature:** \_\_\_\_\_ **Agent of the Designating Service Provider:**  
Date: 12/27/00

**Typed or Printed Name and Title:** William G. Bardel  
Chief Financial Officer

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

**RECEIVED**

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