

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

Full Legal Name of Service Provider: The MITRE Corporation

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

Address of Service Provider: 1820 Dolley Madison Blvd, McLean, VA 22102-3481

**Name of Agent Designated to Receive
Notification of Claimed Infringement:** Robert Axelrod

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 MITRE Corporation, 1820 Dolley Madison Blvd, M/s W734, McLean, VA, 22102-3481

Telephone Number of Designated Agent: 703-883-7042

Facsimile Number of Designated Agent: 703-883-1223

Email Address of Designated Agent: raxelrod@mitre.org

Signature _____ **Representative of the Designating Service Provider:**
_____ **Date:** October 15, 1999

Typed or Printed Name and Title: Sol Glasner, Vice President, General Counsel & Secretary

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

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