

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

**Full Legal Name of Service Provider:** M&R Marking Systems, Inc.

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

**Address of Service Provider:** 100 Springfield Avenue Piscataway New Jersey 08854

**Name of Agent Designated to Receive  
Notification of Claimed Infringement:** Steven Sculler

**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):  
100 Springfield Avenue Piscataway New Jersey 08854

**Telephone Number of Designated Agent:** (732) 562-9500

**Facsimile Number of Designated Agent:** (732) 562-9514

**Email Address of Designated Agent:** steve@mrrmarking.com

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

**Date:** 5/14/01

**Typed or Printed Name and Title:** Timothy M. Walsh VP - Finance & Administration

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

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**RECEIVED**

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