

Interim Designation of Agent to Receive Notification
of Claimed Infringement

Full Legal Name of Service Provider: MARYMOUNT UNIVERSITY

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

Address of Service Provider: 2807 N. Glebe Road, ARLINGTON, VA 22207

Name of Agent Designated to Receive Notification of Claimed Infringement: CLAUDIA O'CONNOR

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):

IT Support Center
MARYMOUNT UNIVERSITY
2807 N. Glebe Rd
ARLINGTON, VA 22207

Telephone Number of Designated Agent: (703) 526-6901

Facsimile Number of Designated Agent: (703) 526-6903

Email Address of Designated Agent: claudia.oconnor@marymount.edu

Signature of Officer or Representative of the Designating Service Provider: _____
Date: 3/16/04

Typed or Printed Name and Title: CLAUDIA O'CONNOR
Exec. Dir. IT & Network Services

Note: This Interim Designation Must be Accompanied by a \$30 Filing Fee Made Payable to the Register of Copyrights.

RECEIVED

MAR 29 2004

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