

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

Full Legal Name of Service Provider: The Morino Institute

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

Address of Service Provider: 1801 Robert Fulton Drive, Suite 550, Reston, VA
20191

Name of Agent Designated to Receive Notification of Claimed Infringement: Ms. Cheryl Collins

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):

Ms. Cheryl Collins, 1801 Robert Fulton Drive, Suite 550,
Reston, VA 20191

Telephone Number of Designated Agent: 1-703-620-8971

Facsimile Number of Designated Agent: 1-703-620-4102

Email Address of Designated Agent: ccollins@morino.org

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: _____

Signature of Officer or Representative of the Designating Service Provider: _____
Date: 5/4/99

Typed or Printed Name and Title: Cheryl Collins
Chief Knowledge Officer

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

RECEIVED

MAY 10 1999

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