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

Full Legal Name of Service Provider: State University of New York
Maritime College

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

Address of Service Provider: 6 Pennyfield Avenue, Ft. Schuyler, Bronx, NY 10465

**Name of Agent Designated to Receive
Notification of Claimed Infringement:** Leonard P. Mucciolo

**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):**

State University of New York Maritime College, Business Officer
6 Pennyfield Avenue, Fort Schuyler, Bronx, NY 10465

Telephone Number of Designated Agent: 718-409-7204

Facsimile Number of Designated Agent: 718-409-5792

Email Address of Designated Agent: EMUCCIOLO@SUNYMARITIME.EDU

Signature _____ **of the Designating Service Provider:**
Date: 3/22/99

Typed or Printed Name and Title: Leonard P. Mucciolo
Director of Business Affairs

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

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