

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

Full Legal Name of Service Provider: TopCoder Software, Inc.

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

Address of Service Provider: 703 Hebron Avenue, Glastonbury, CT 06033

**Name of Agent Designated to Receive
Notification of Claimed Infringement:** Tanya Horgan

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):
TopCoder Software, Inc., 703 Hebron Avenue, Glastonbury, CT 06033

Telephone Number of Designated Agent: (860) 633-5540

Facsimile Number of Designated Agent: (860) 657-4276

Email Address of Designated Agent: service@topcodersoftware.com

Signature of Officer or Representative of the Designating Service Provider:

Date: 09.23.2002

Typed or Printed Name and Title: Tanya Horgan, Treasurer

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

RECEIVED

SEP 30 2002

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