

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

Full Legal Name of Service Provider: VCampus Corporation

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

Address of Service Provider: 1850 Centennial Park Dr. Suite 200
Reston, VA 20191

Name of Agent Designated to Receive Notification of Claimed Infringement: Kevin A. Prakke

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):

The Summit 4101 Lake Boone Trail
Suite 300 Raleigh, NC 27607

Telephone Number of Designated Agent: 919 781-4000

Facsimile Number of Designated Agent: 919 781-4865

Email Address of Designated Agent: KPrakke@wyrick.com

Signature of ~~an~~ ^{other} representative of the Designating Service Provider: _____
Date: 2/25/05

Typed or Printed Name and Title: CHRISTOPHER NELSON, CFO

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



RECEIVED

MAR 08 2005

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SCANNED 1/05/05