

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

1. Full Legal Name of Service Provider: Vision Systems, Inc.

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

3. Address of Service Provider: 142 State Street
Albany, New York 12207

4. Name of Agent Designated to Receive Notification of Claimed Infringement: Brian D. Epstein

5. 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):

c/o Vision Systems, Inc.

142 State Street

Albany, New York 12207

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6. Telephone Number of Designated Agent: 518.434.4300

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7. Facsimile Number of Designated Agent: 518.434.4304

8. E-Mail Address of Designated Agent: bepstein@visionsys.com

9. Signature of Officer or Representative of the Designating Service Provider:

Date: 10/31/01

10. Typed or Printed Name and Title: Brian D. Epstein, President

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

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