

Interim Designation of Agent to Receive Notification of Claimed Infringement

Full Legal Name of Service Provider: SUFFOLK COUNTY COMMUNITY COLLEGE

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

Address of Service Provider: 533 College Road, Selden, NY 11784-2899

Name of Agent Designated to Receive
Notification of Claimed Infringement: Steven F. Schrier

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):

Suffolk County Community College, NFL Rm. 30
533 College Road, Selden, NY 11784-2899

Telephone Number of Designated Agent: (516) 451-4235

Facsimile Number of Designated Agent: (516) 451-4246

Email Address of Designated Agent: _____

Signature of Officer or Representative of the Designating Service Provider: _____

Date: 2/9/99

Typed or Printed Name and Title: Steven F. Schrier
Vice President for Administration and Information Services

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

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RECEIVED

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