

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

Full Legal Name of Service Provider: SolidWorks Corporation

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

Address of Service Provider: 300 BAKER Avenue, Concord, Mass. 01742

Name of Agent Designated to Receive Notification of Claimed Infringement: Lynne Frye

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):
SolidWorks Corporation
300 BAKER Avenue
Concord, Mass. 01742

Telephone Number of Designated Agent: 978-371-5170

Facsimile Number of Designated Agent: 978-371-5123

Email Address of Designated Agent: lfrye@solidworks.com

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

Date: Aug. 17, 2001

Typed or Printed Name and Title: Holly STRATFORD, General Counsel

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

RECEIVED

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