

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

Full Legal Name of Service Provider: State University of West Georgia

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

Address of Service Provider: _____

Name of Agent Designated to Receive Notification of Claimed Infringement: Michael Russell

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):

1600 Maple St.
Carrollton, GA. 30118

Telephone Number of Designated Agent: 770-836-6585

Facsimile Number of Designated Agent: 770-830-2279

Email Address of Designated Agent: mrusse11@westga.edu

Identify the Interim Designation to be Amended, by Service Provider Name and Filing Date, so that it may be Readily Located in the Directory Maintained by the Copyright Office: Robert Gehling, 12/3/98, West Georgia

Signature of the Designating Service Provider: _____
Date: 5/1/03

Type or Printed Name and Title: Michael L. Russell
CTO

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

RECEIVED

MAY 12 2003

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