

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

Full Legal Name of Service Provider : ST. Joseph College

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

Address of Service Provider: 1678 Asylum Ave., West Hartford, CT 06117

**Name of Agent Designated to Receive
Notification of Claimed Infringement** : Eric Zematis

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):
1678 Asylum Ave., West Hartford, CT 06117

Telephone Number of Designated Agent : (860) 231-5483

Facsimile Number of Designated Agent : (860) 231-6799

Email Address of Designated Agent : ezematis@sjc.edu

Signature of Officer or Representative of the Designating Service Provider:

Date: 11-23-99

Typed or Printed Name and Title: Jean Madden-Hennessey, Director of Information Technology

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

RECEIVED

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